



1977

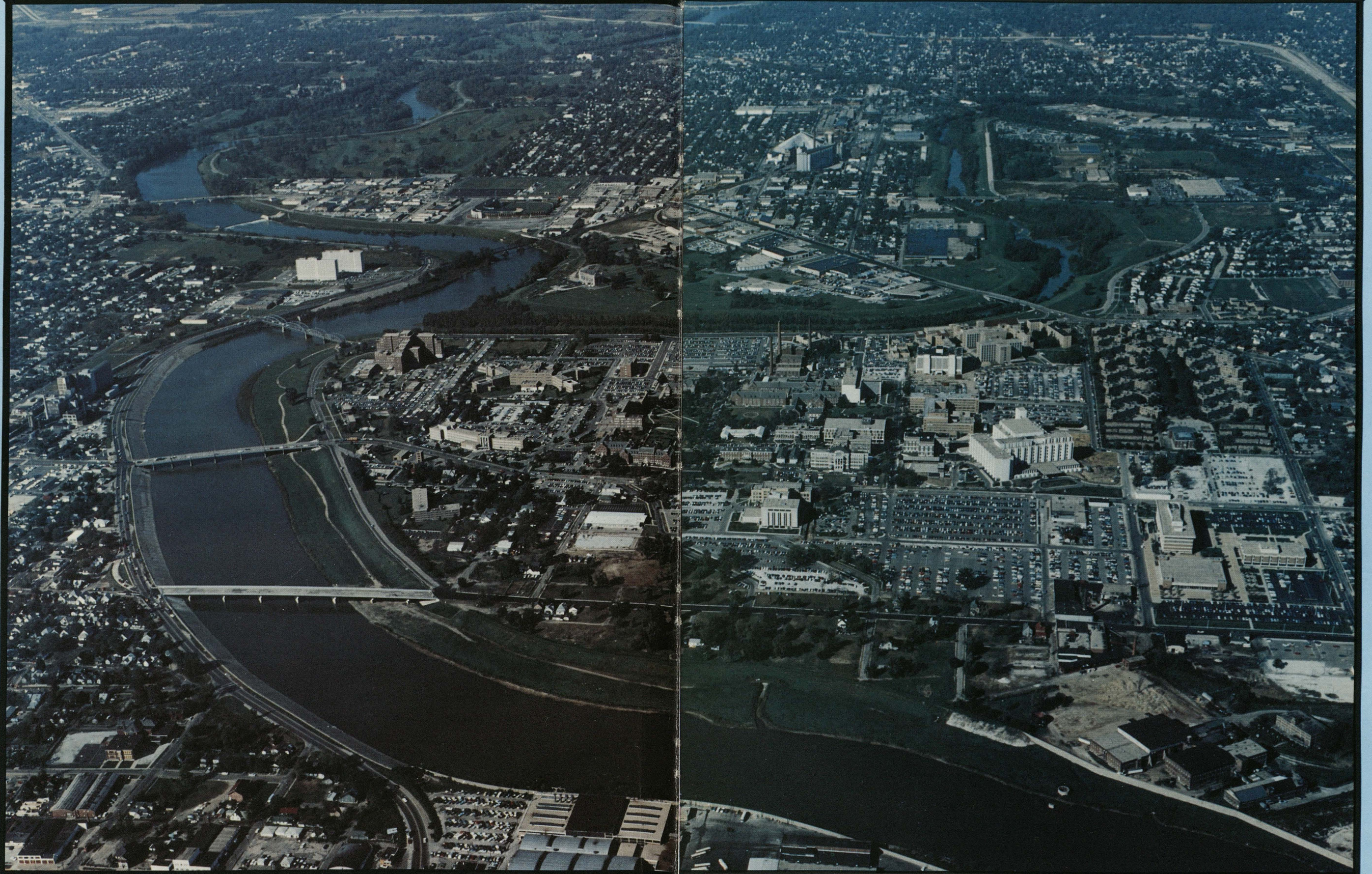




# School Of Medicine 1977









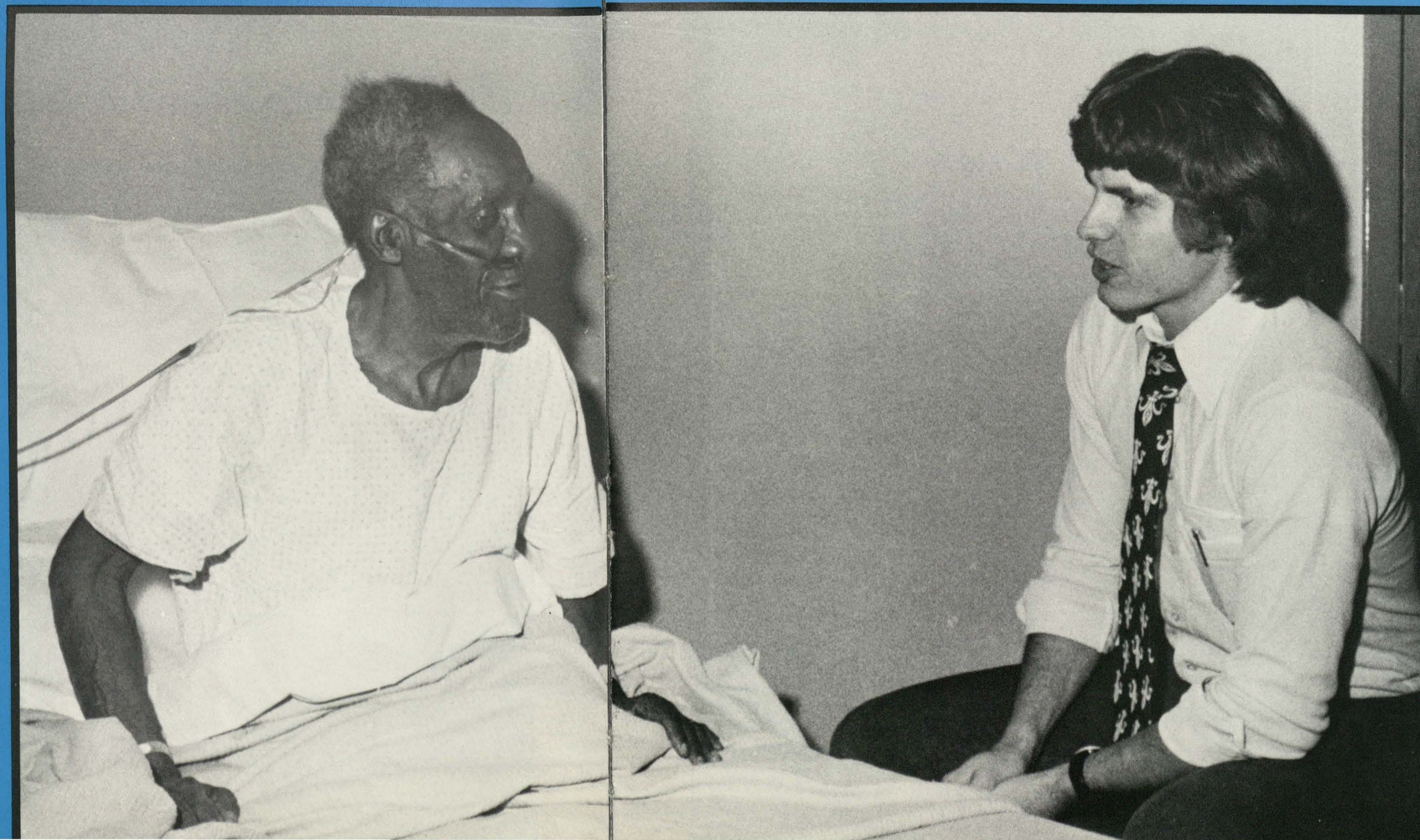
Illness knows no barrier -- the wealthy as well as the poverty stricken are afflicted. It is our responsibility to aid and comfort the sick no matter who they might be.



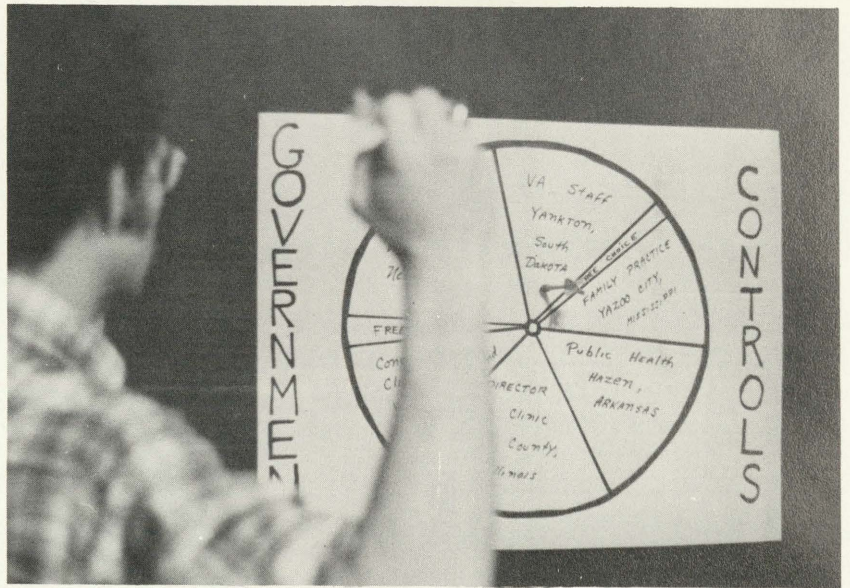




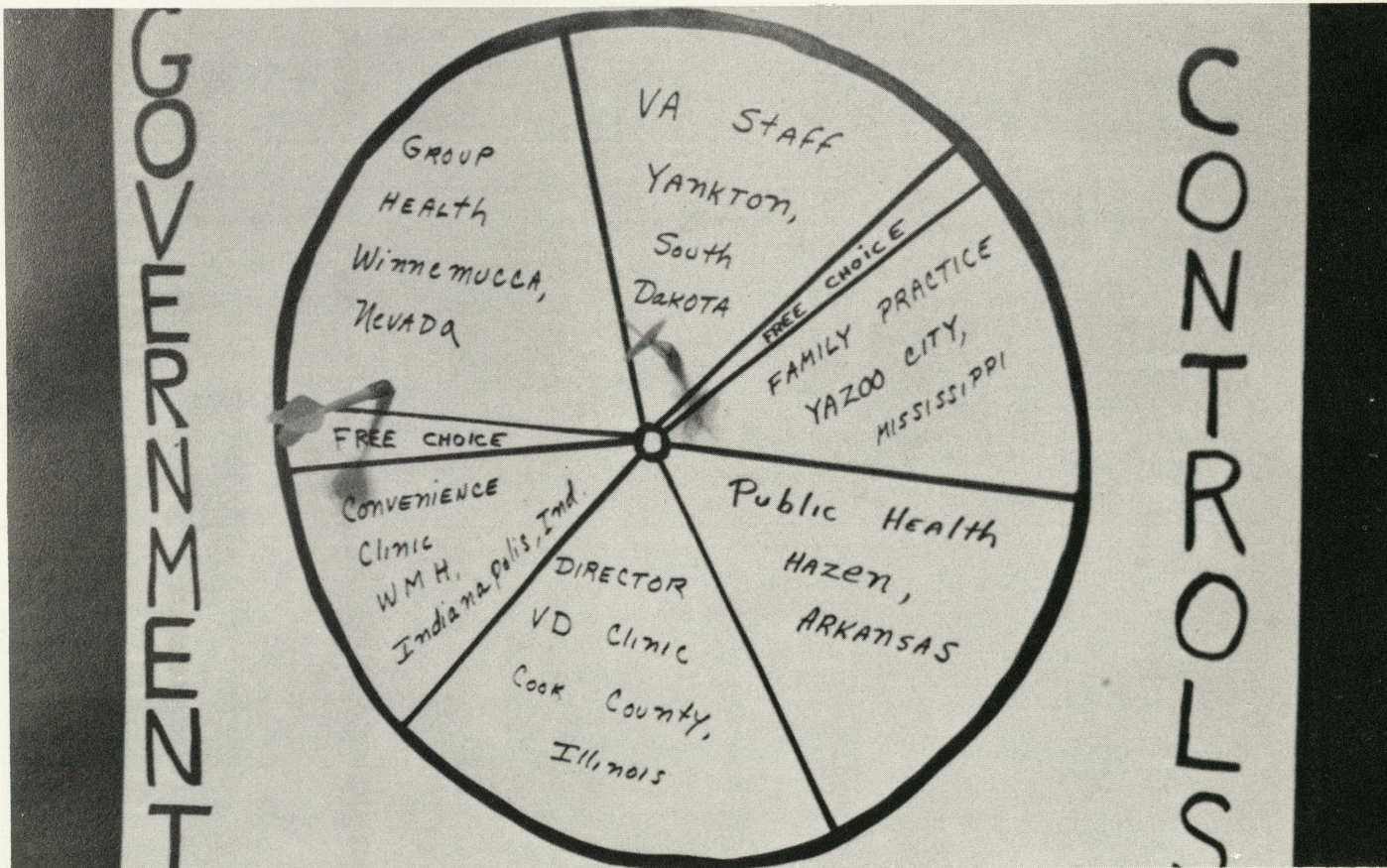
We are the link in the continuous process of life. In helping the young, the sick, the aged -- we are aiding in the unfolding -- Nature's Way!











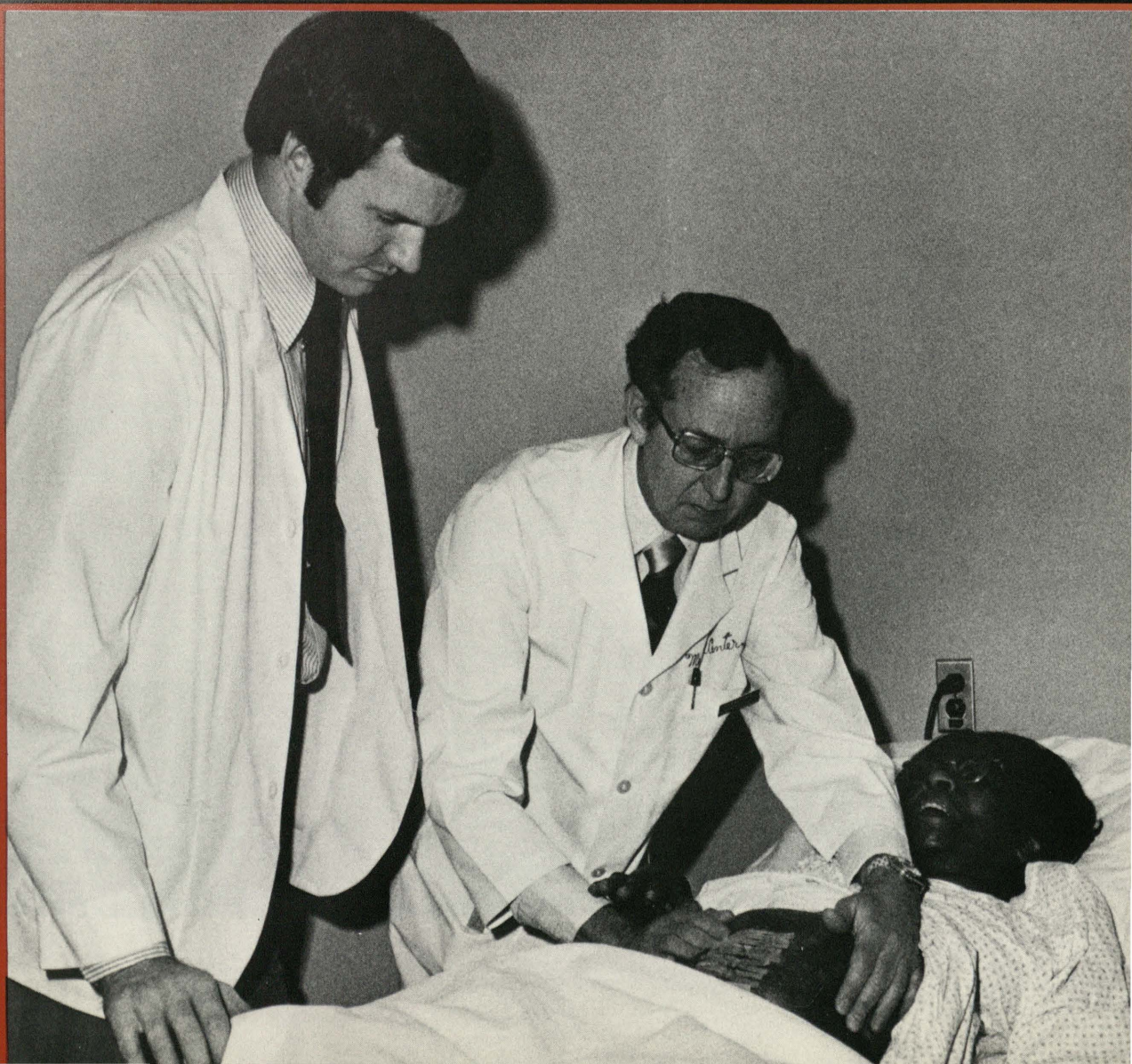
Every being possesses determination and free will enabling him to decide his future. But sometimes freedom of choice is denied, and man becomes restricted. Why tie the heeling hands?





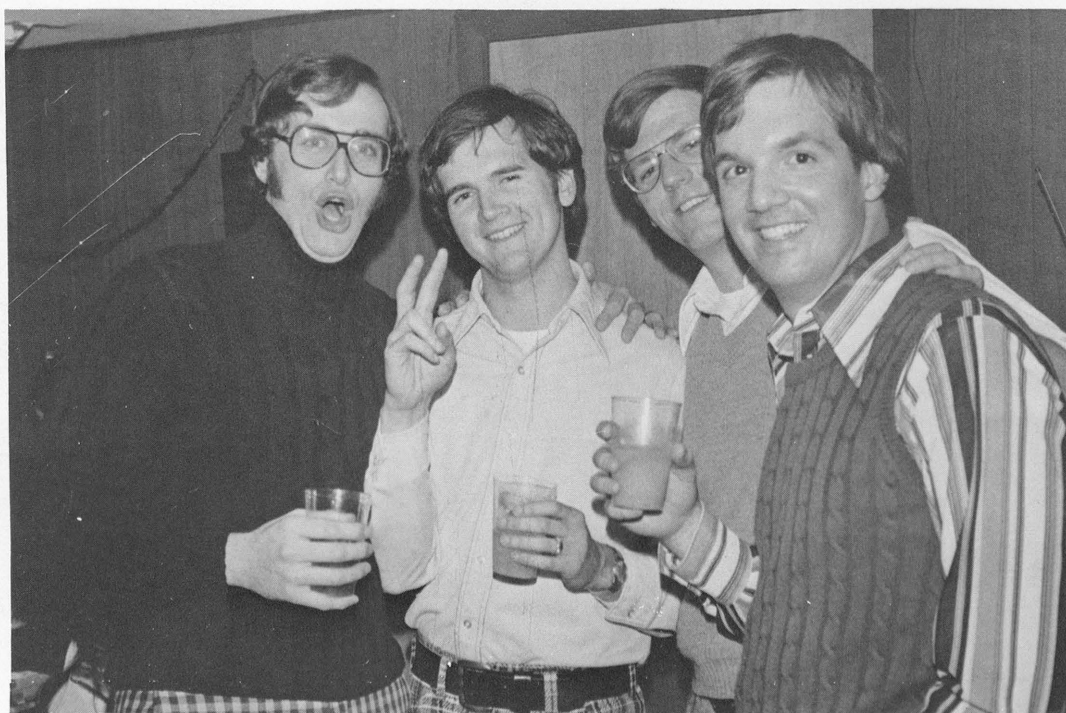
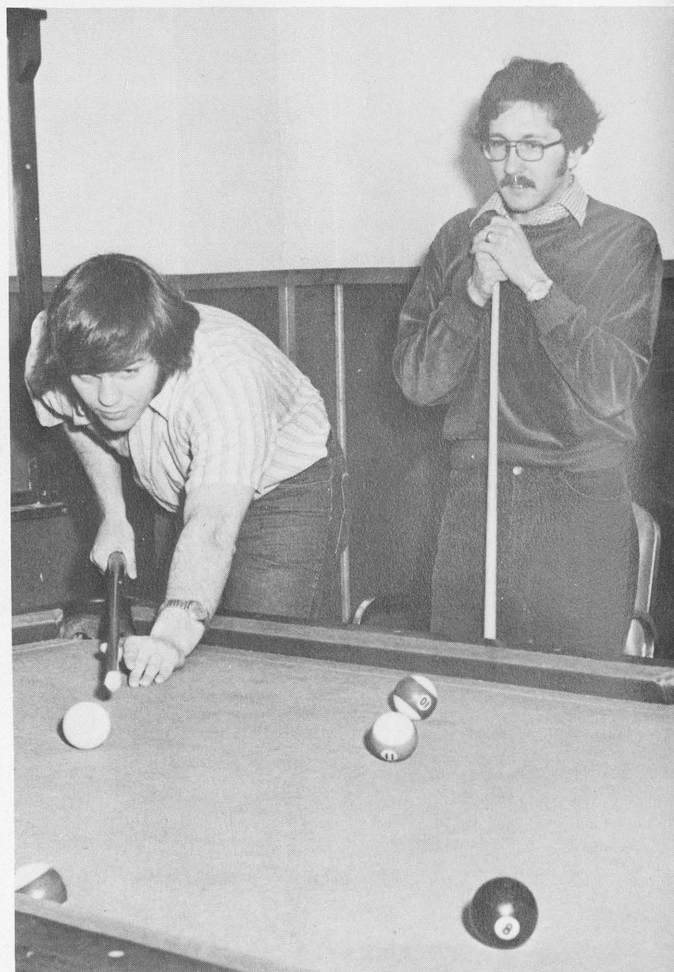


CAT scans, viral titers, electroneurograms, CPK isoenzymes -- the list of diagnostic tools is endless and often essential. Yet, it is the hands of experience, the attentive ear, the natural instinct, the "hunch", which qualify the title -- The Art of Medicine.

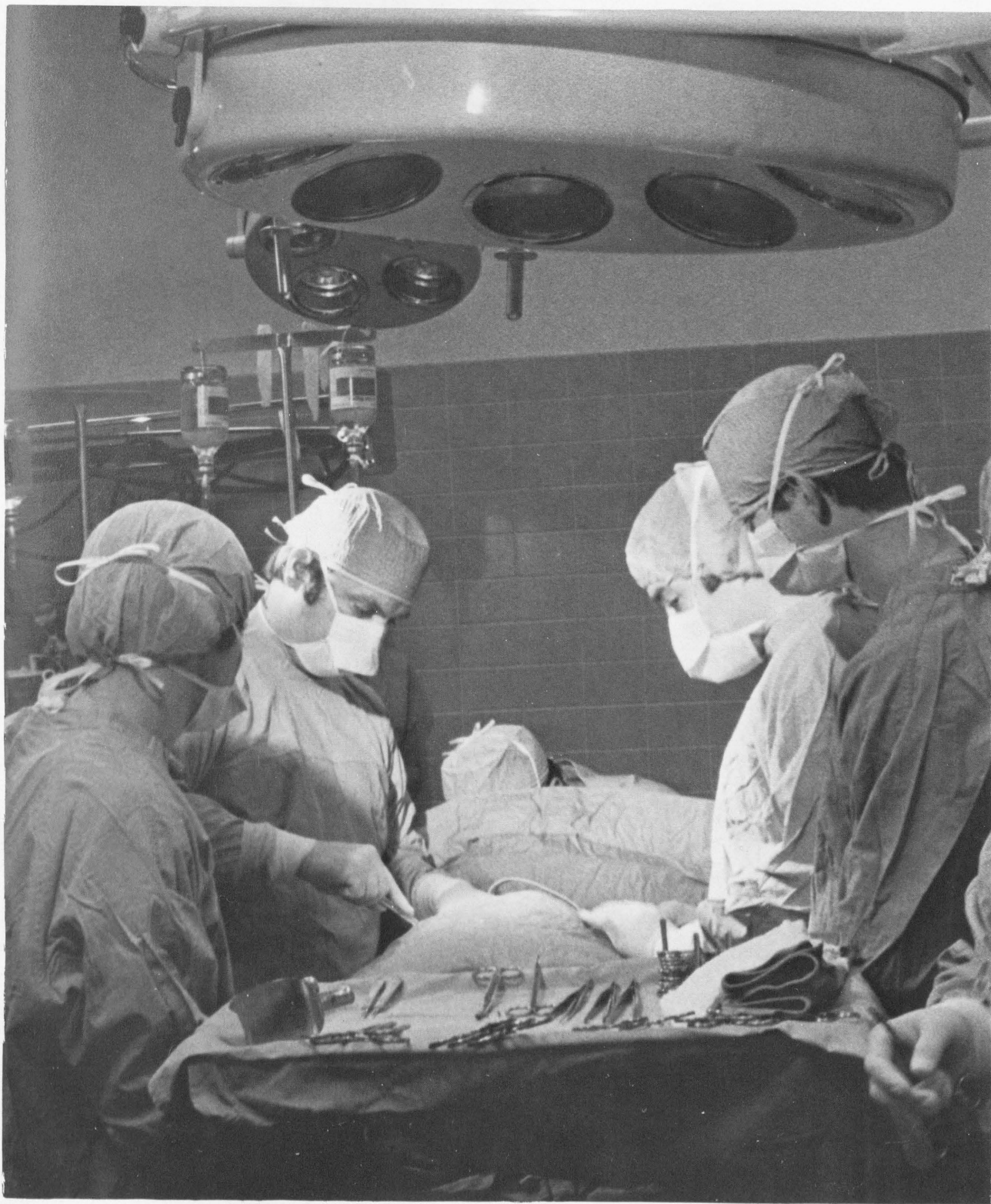




Life and death often times balance on our decisions; the thought of it can be overwhelming. We all search for perspective and release. From humor and laughter we gain strength and compassion.

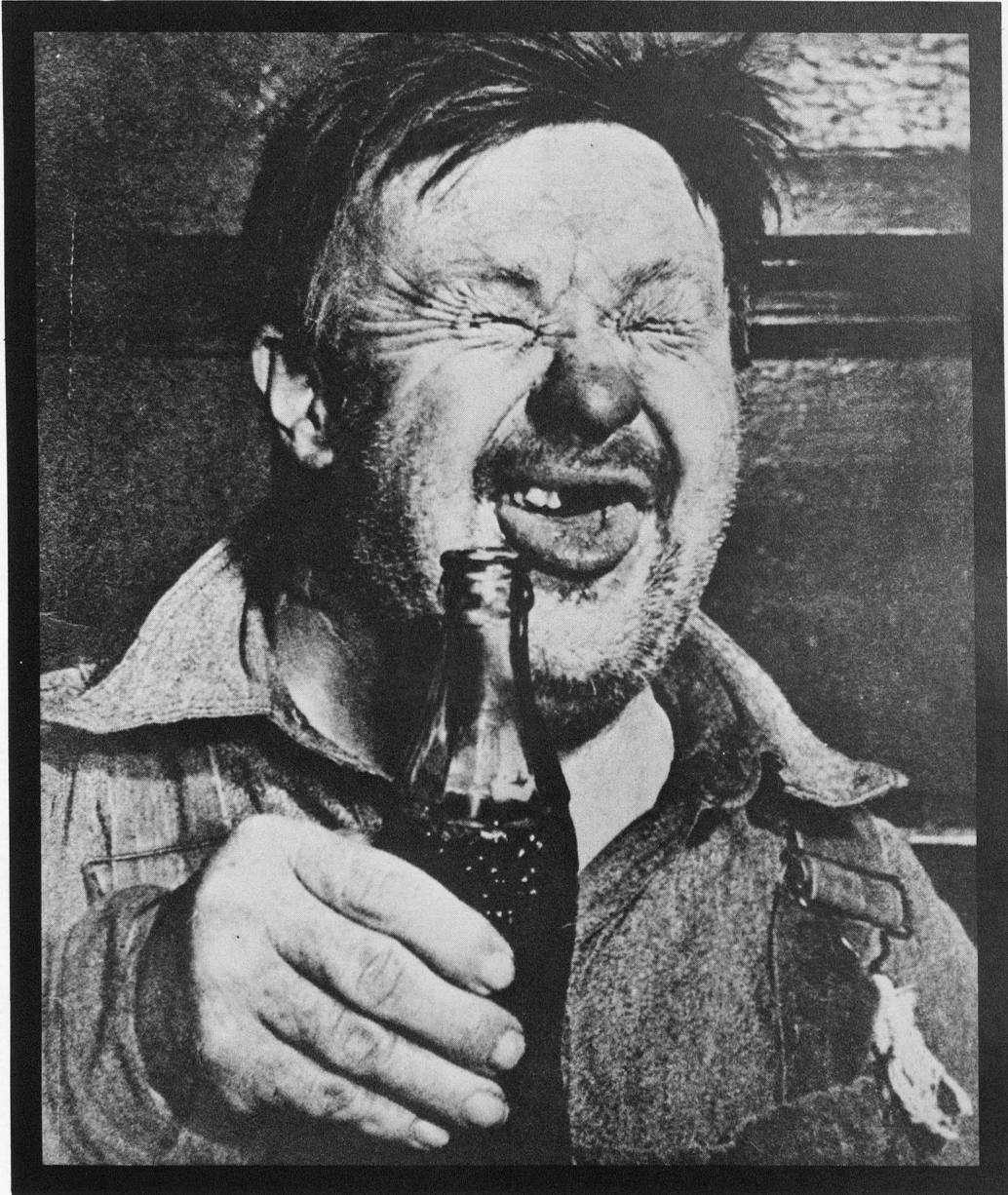








# Humor And Phunny



**"SLEEP TIGHT TONIGHT . . . MED STUDENTS  
ARE WATCHING OVER YOUR SCUT."**



# The New Ennui Jurinal of Scut

Abstracts in the  
advertising  
sections

Established in 1812 as The NEW ENNUI JURINAL OF MUDICINE AND SCUT

VOLUME 1

May 15, 1977

NUMBER 1

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THE IV • COATED HALLS OF TH

# American College of Scut

Located on a sprawling square block campus, the American College of Scut offers medical students ready access to the Dog Pound and City Abattoir. Besides offering basic courses in Phlebotomy and Foley Insertion, the College prides itself in a wide range of continuing studies including Advanced Impaction Digitalization and Post-Graduate Sputum Collection. Tradition is the keystone of scut education, where eager students have for years diligently shunned reading assignments and ardently disregarded call responsibilities. And the AC of S is tops in its sports division. The Fight'n' Scutters have won the Lab Result Relay and X-Ray Transport Marathon for seven consecutive years. Scutters offer an affirmative answer to the challenging question, "Can you polish stool?"

*School Symbol: the mushroom*

*Mascots: scutty dog and her offspring, the scut puppy*

*Former Symbol: two lips rampant on a professor's ass*

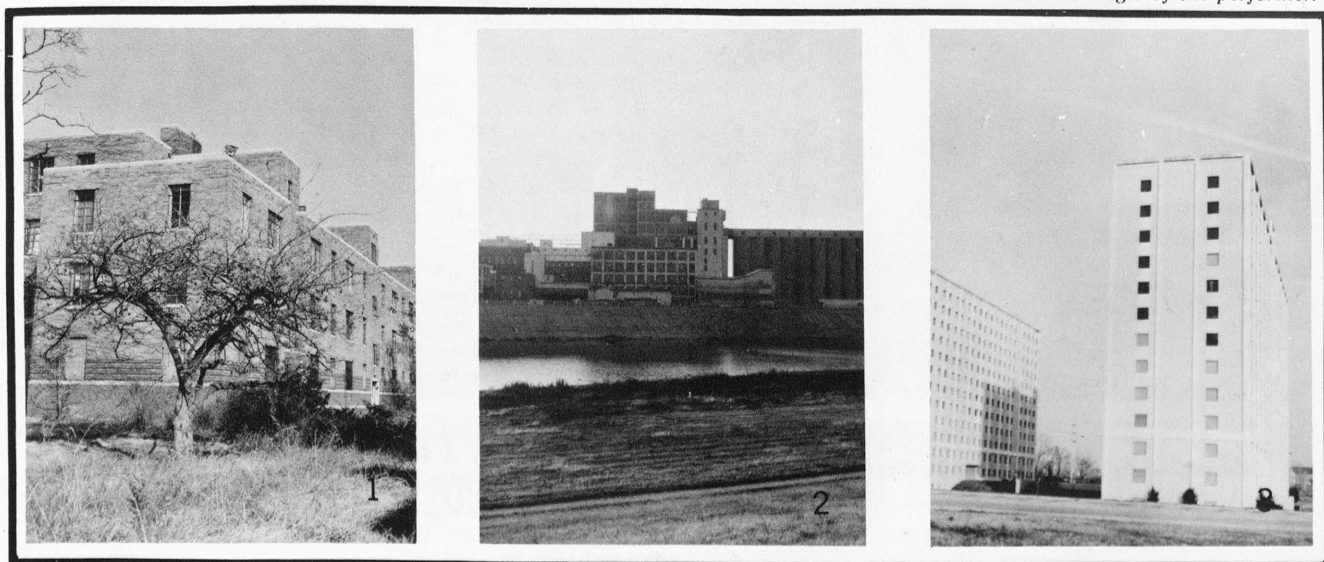
*Famous AC of S Quotes: "We have met the enema and it is ours."*

*Motto: "A medical student is not unlike a mushroom; he's kept in the dark and frequently coated with stool."*

*"Don't draw blood till you see the yellow of their eyes."*

*Official Song: "Be True to Your Stool"*

*"It's not the length of the needle, but the magic of the performer."*



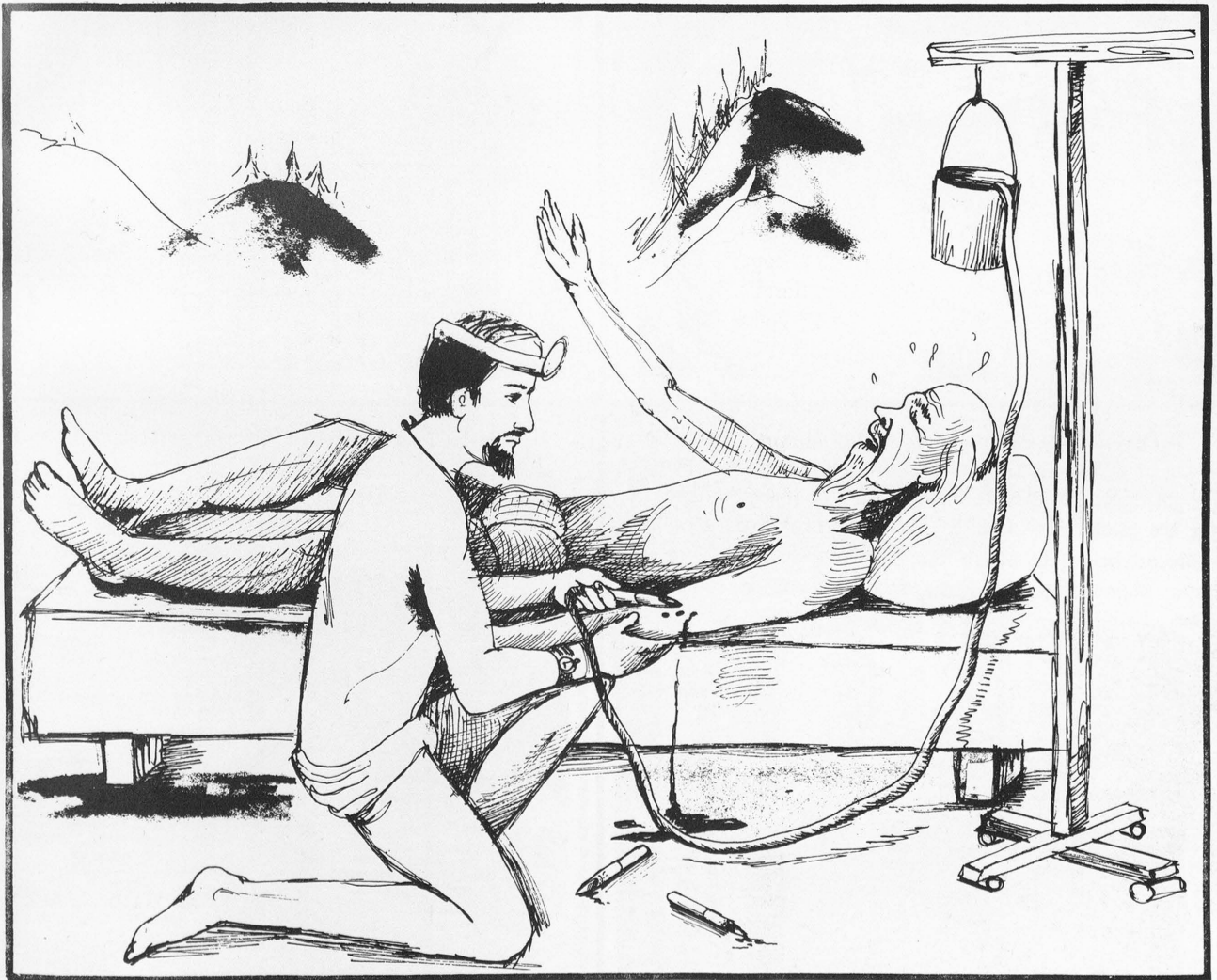
## SCUT FACILITIES

1—Famed Scutland Yards 2—The newly completed Scut Yacht Club and Private Intercostal Waterway 3—Highly successful high-rise on-call extern penthouse



*GREAT MOMENTS in the  
HISTORY of SCUT no. 22*

The name Sanjaya Bhagavad-Gita Arjuna is often touted among medical circles as the inventor of the IV. It is commonplace knowledge that in the early 1800's, this Indian anesthesiologist utilized bamboo shoots to replace fluids in a severely dehydrated aged sage who succumbed to evil vapors and cholera. Unfortunately, no credit is given to Sri Pranananananada, the medical student on call that fateful night, who was given most humble task of starting IVlee. It was the same Sri P. who, over a decade later, invented the finger, which revolutionized the removal of impacted fecal masses.



The artist refused to be named. (Hint — she is a medical illustrator somewhere in a Gulf city that rhymes with Gnu Morleans.)



## The Pathologic Guide to the History and Physical

A paucity of literature exists describing a pathologist's approach to the history and physical. The NEJS now presents such an article as a service to its readers.

This section is sent free of charge to medical students, interns, and other housekeeping staff only.



1

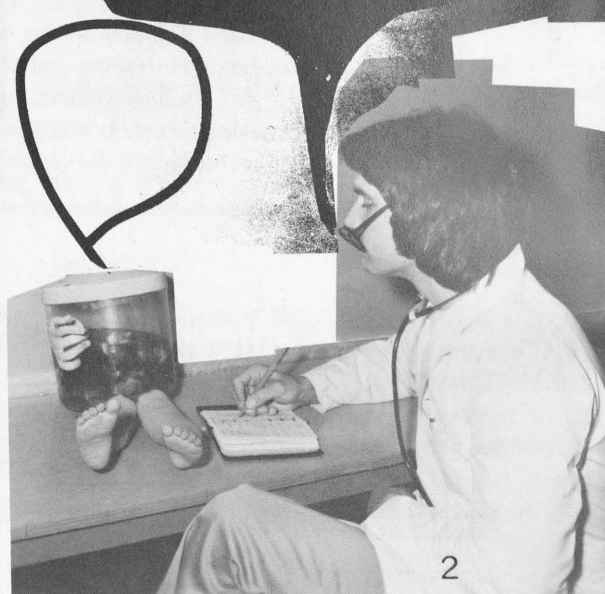
1 — INTRODUCTION: A firm, warm handshake will allow the interviewer to gain the patient's confidence and transfer germs. This is a good opportunity to examine the nailbeds to note if the nails are asleep. 3 — INSPECTION: Careful visual examination should be executed in the best tradition of General Anesthetic, Major Criteria, Extra-Corporal Pump, and Private Parts. One should always note if the bucket looks like it's a little pail.

When did you first experience the pain?

Does your stool glow in the dark?

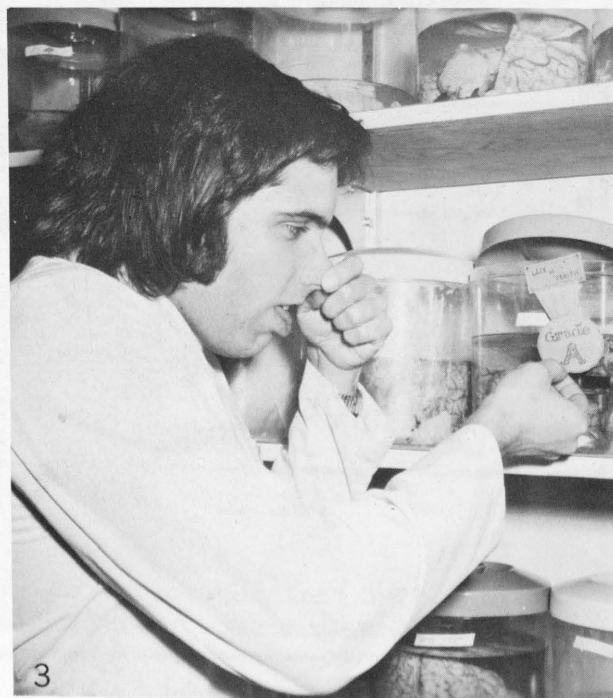
Do your teeth itch?

What is the air-speed velocity of an unladen swallow?



2

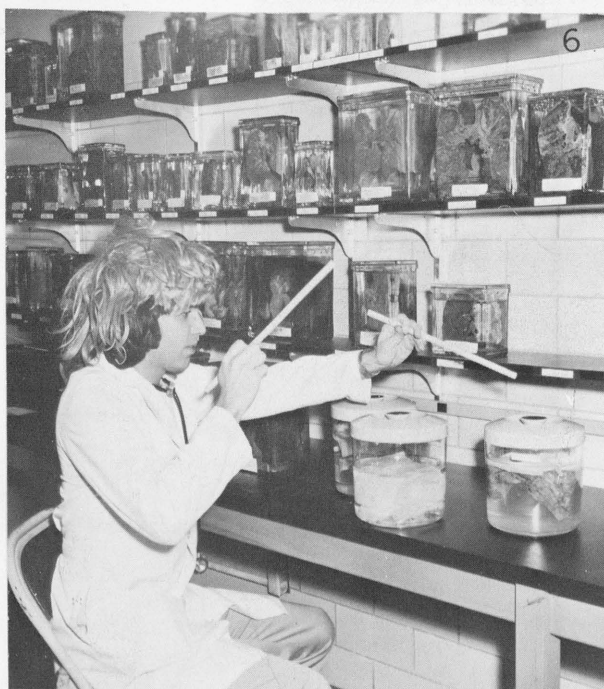
2 — HISTORY TAKING: Keen interrogation skills and a finely-tuned hearing aid are definite assets for the pathology interview.



3



4 — PALPATION: "Laying on of hands" is a diagnostic/therapeutic concept dating to Hippocrates and recently perfected by Xavier Hollander. "Put your finger in every orifice. Put your head in, if it fits." 5 — AUSCULTATION: Although an important examination technique, this will probably never surpass the popularity of osculation. Listen carefully for murmurs, gallops, rales, and things that go bump in the night.



6 — PERCUSSION: Great pathologists including Drs. Ginger Baker and Gene Krupa beat this into the ground. 7 — REMUNERATION: A meticulously performed H and P, incorporating basic scientific skills, is certainly its own reward. Be prepared to resuscitate patients unfamiliar with physicians' fees.



# The New Ennu Jurinal of Scut

Official Organ of The American College of Scut

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Any similarity to real people, living or dead,  
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ly coincidental.

The 16 page humor section entitled "The  
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Final note: This humor section is not an  
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## THE AMERICAN COLLEGE OF SCUT

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Sister Coele  
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Phil Trum  
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Kathy Ture  
Sue Tour  
Hugh Turess  
Paul Vis  
Perry Winkle



## THE EAGER BEAVER

## BREAKER 1-9

MD □ CB

"Breaker 1-9, good buddy, this har's the Eager Beaver.  
What's it lookin' like over your A-C joint?"

"A big four plus, we got us a pecker-checker in a plain white wrapper  
... he's fixin' to poke a silver stallion up the third leg. C'mon."

"Preciate that Breaker. You got a cutter 'n' a flea over by the Kwik  
Treat waiting to catch a pump or bean out of the nearest bone box.  
Also got a picture-taker and lead-mouth in my eye balls. What's it like  
at your horse pistol?"

"Mercy sakes, good buddy, we got us some awful purty Nightengales  
with great sets of alveoli. [Looking out the window] Whoo-whee, that  
neurologist shore can hammer down."

"Put your metal to the petal, breaker. A big four-plus and eighty-  
eight's, you bonepicker. A'hm down."



- Translation:
- Eager: Hello, Breaker 1-9 [handle = name, for a specific orthopod], this is the Eager Beaver [handle for a particular AOA candidate]. What's it looking like over your shoulder? [ie. — behind you]
- Breaker: I'm most appreciative. There's a urologist in a white coat preparing to do a cystoscopic exam. What's your news?
- Eager: Thank you. Make note of a surgeon and internist over by the emergency room hoping to obtain a heart or kidney for transplant purposes. I also can see a radiologist and staff man. Now, what's going on at your hospital?
- Breaker: Very good, my friend, we have some very pretty nurses with pleasing personalities. [Looking out the window] My goodness, those neurologists can rapidly examine a patient.
- Eager: Perform a good gynecological exam, Breaker. Thanks alot, my friend  
End transmission.



# CLASS NOTES

## Illustrated



Intro to Medicine, April 28, 1975, 10:00 a.m.

You don't have time to read these notes now, because you're a junior. I don't have time to write them because I'm one too. You have no interest in these, because you've already taken your final, and this manure wasn't on it anyway. However, I have been paid for them, so I'm gonna do them. Mostly, I'll just let you see some of **CENSORED's** comics, which are intersetting rather than bore you with lecture details which aren't. Hiring me to take notes is about like hiring Richard Snock to head a nurses training program. ..WPK

### The **FOVE** Warning Signs of SELF-ABUSE®



1. Follicular palmar growth, curved digits, bucked teeth



4. Glossal warts, pustules, abscesses, moss

2. Intractable blindness; urge to sleep at least once in a 24-hour period.



5. Undergarments that stick to a smooth wall for a minimum of 30 seconds. Any less time must be considered negative



3. Fulminant dementia  
2 types  
a) adult-onset -- listen for classic schizophrenic bruit over brain  
b) juvenile-onset -- don't let your mama catch you!

★ Report all suspected cases of SELF-Abuse to your local CIA, DAR, or Diocese. There is hope for these perverts... but (let's not kid ourselves) not much! [aid for by the AMA... Anti-Mastibatory Association.]

\*It was funny in 1975 -- maybe now

\*This page of important medical knowledge really appeared in the final "edition" of the Class of 77's "class notes." Records were set by this edition which contained only 29 mispelings, 32 grammatical errors, 17 misrepresentations of fact, and three insulting admonitions against students chewing gum, insulting the professors, or snoring too loudly. These were the least number of such mistakes per day of notes on record. (Source: Ripley's Believe It or Get Catheterized, 1977)



## National Board of Medical Examiner's Test Part II

*Instructions: Get into a crouch position. Grasp heels with hands. Lean forward so as to bring vertex of calvarium into alignment with one's perineum. Recite a benediction and kiss your medical career goodbye.*

*For multiple insult questions, mark answer sheet with heavy lines using only a Number 2 pencil or the blood of a virgin.*

mark "A" if answer is 1, 2, and 3

"B" if answer is 1, 3, and sometimes 2

"C" if answer does not include 4, 5, and possibly not 2; no, better make that 3, 4 and possibly not 5

"D" if answer is A, B, or C; mark only one answer

"E" if answer is "Catch 22"

- 1.) You are on call in a community Emergency Room. A 42 year-old male, who has been playing pool, presents with an eight-ball lodged in his right eye, the result of over-zealous scrutiny of play. On the basis of your fundoscopic exam of the right eye and eight ball, does this patient have a hematoma?
  - 1 Maybe
  - 2 Ask again
  - 3 Answer is hazy
  - 4 Absolutely
  - 5 Definitely not
  
- 2.) A 17 year-old male presents with acute onset of bilateral testicular pain. Careful history taking ascertains that the patient has just been to a drive-in movie with his 16 year-old girlfriend (Gr O, P O) where the couple engaged only in vigorous foreplay times two hours.  
 The likely diagnosis is:
  - 1 Boogie Fever
  - 2 Love Hangover
  - 3 Statesboro Blues
  - 4 Venus Stasis Ulcer
  - 5 Kung Flu Fight'n'
  
- 3.) The proper thing to say to the mother of a child presenting with enuresis is:
  - 1 "When it rains, it pours."
  - 2 "Baliff, whack his peepee."
  - 3 "Look on the bright side, he could have hematuria."
  - 4 "You know where to put the cork."
  - 5 Just point to your diploma and smile.
  
- 4.) (T or F) Toilet seats are transmitted during sexual intercourse.
- 5.) (T or F) A seminoma is an Indian who lives in the Everglades.
- 6.) (T or F) The front-most tooth is named the cuspidor.
- 7.) (T or F) The most deadly reptile is the Monty Python (the Silinauti cheeztwit).
- 8.) (T or F) A pressure sensation in the introitus occurring with exercise and radiating to a jaw is called vangina.

(proceed to complete questions 9 through 978 on the following pages)

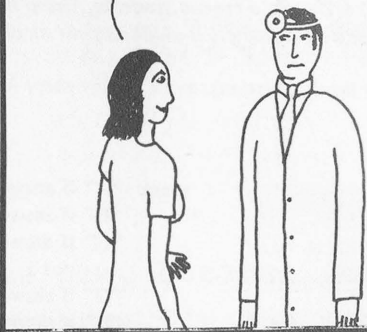


# R:LAFFS

MISS MORRISON, WHY DO YOU ALWAYS ASK ME TO KISS YOU WHEN I PRESENT YOU WITH MY BILL?



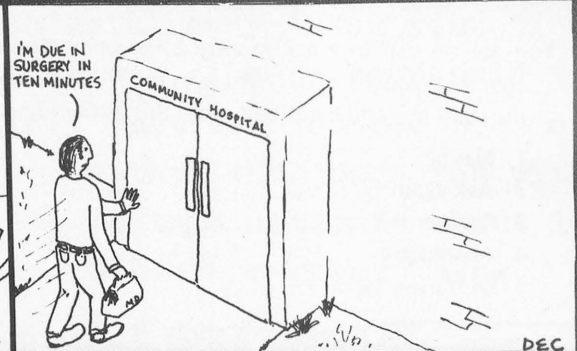
I GUESS I'M JUST OLD-FASHIONED, BUT I LIKE TO BE KISSED WHEN I GET SCREWED!



DEC



SHEEEEEEW IT!  
I BETTER GET MY ASS IN GEAR



I'M DUE IN SURGERY IN TEN MINUTES

DEC

DOC, I CAN'T GET THIS GUY'S HEAD OUT OF MY ASS

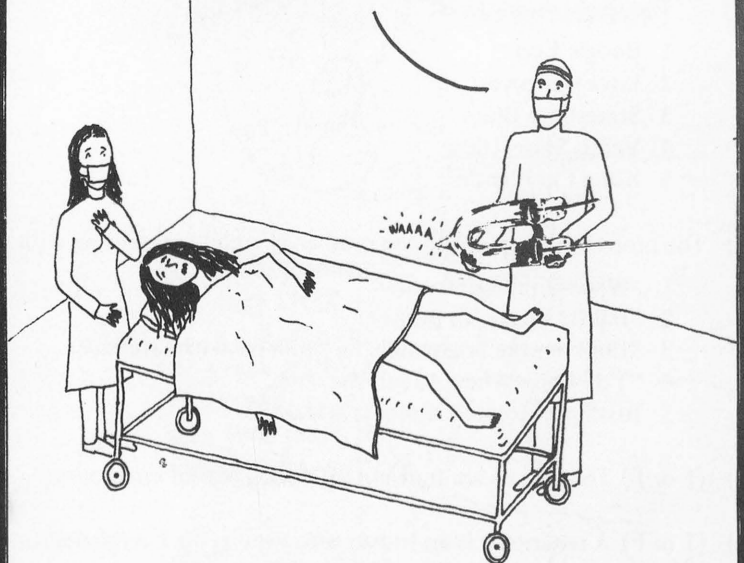


WHAT SEEMS TO BE THE TROUBLE?

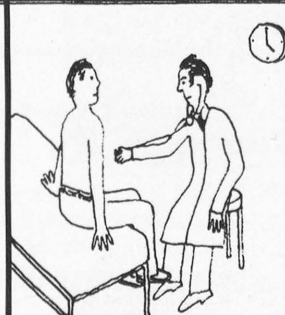


DEC

"MRS. AUSTIN, I WARNED YOU WHAT MIGHT HAPPEN IF YOU AND COLONEL STEVE TRIED TO HAVE CHILDREN."



DEC



DEC



*Talking 'Bout Bad Blood*

by Jim Lee, M.D. (Stanford University School of Medicine) with Elton John

Basil Basophil stared absent-mindedly at his dinner. "What's the matter, dear?" asked his mother, Emma Erythrocyte.

"Aw, everything, Ma," said Basil. "Why the heck did I have to be born a basophil anyway? I don't fit in anywhere. Why couldn't I have been a normal red cell like all the other kids?"

"Basil, dear, I've told you time and again, not everyone can be a heme man. Now, please, clean your platelet."

"But even if I do have to be a basophil, when will I ever reach myelopuberty? I haven't got a specific granule in my body."

"Be patient, Basil," said the understanding erythromomma. "The time will come when you will shrink down to be a normal sized basophil like your father, and then you'll even stop having kids. And get your hands away from your face!" she scolded. "Big basophils who pyknosis never shrink down to be little basophils. Now, go out and play and let me finish my ironing. And don't forget your buffy coat!" she yelled in vein as he squeezed out of their modest but tastefully furnished sinusoid.

"Blast! There's never anything to do around here. I'm really Bohred," thought Basil as he cruised through the lung for the third time. "Burr, it's cold in here. Maybe I'll go down to the Inferior Vena Cava and marginate for a while."

On his way down the descending aorta, Basil heard music coming from the spleen. "Oh, boy, sounds like a party. Maybe I can meet a girl there. I've heard there's usually a lot of lymphocytes at these parties," he thought, hanging a quick left. When he squeezed into the party, he couldn't believe his eyes. It seemed like the entire erythron was there. A lot of neutrophils were there, too. "I hate phag parties," thought Basil.

Basil circulated for a while, but was too shy to talk to any girls. "No girl would want to talk to me anyway," he muttered under his breath. "I have a Dohle body."

"What did you say?" asked a feminine voice, and Basil turned to see the most beautiful neutrophil he'd ever seen. "Hi, my name's Polly. What's yours?"

"B-B-Basil"

"You're a cyte for sore eyes, Basil. I've been looking for a guy like you for the longest time. How old are you, anyway?"

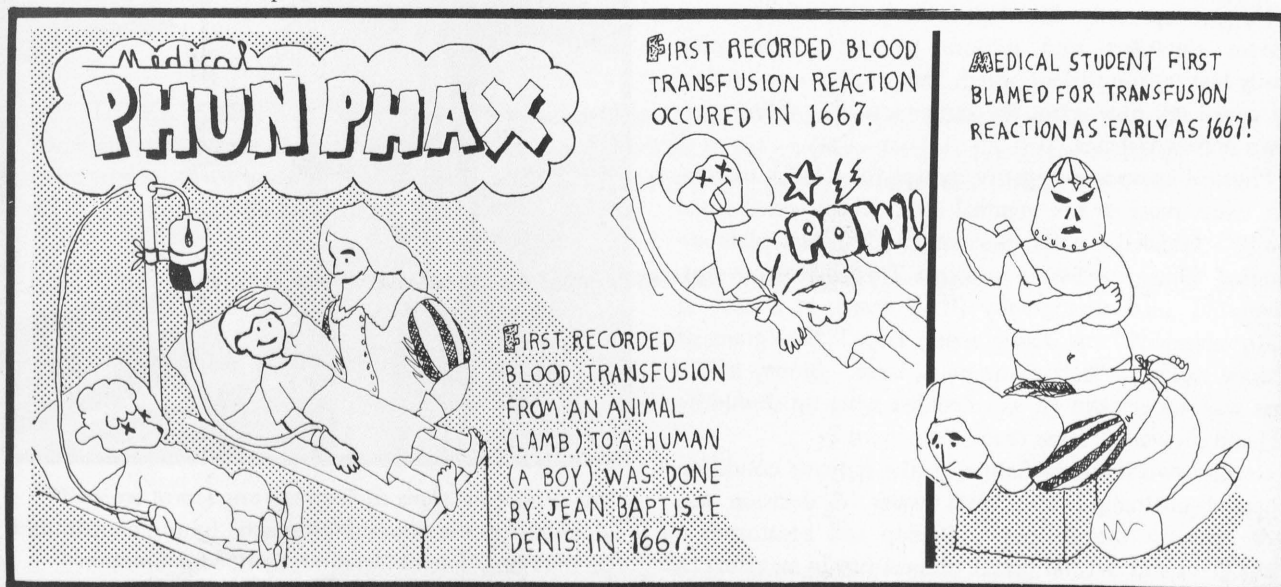
"I'll B<sub>12</sub> tomorrow."

"You're pulling my seg!" exclaimed Polly. "You look much older. You're quite pernicious for your age. You have magnificent granules."

Basil didn't know quite what to make of this. "She must be talking to someone else," he thought. He looked down in shame, but, lo and behold, his body was filled with exquisite deep blue granules. Basil thought fast.

"Enough about my granules. Let's get specific. How about if we go to my place and coagulate for a while?"

"Sounds great, little fella," said Polly, and they flowed off together, lobe in lobe, to live happily ever after. Isn't that hematopoetic?





## CASE RECORDS OF THE American College of Scut



### Weekly Clinicopathological Exercises

### TESTOSTERONE STORM

A 33 year-old male was referred to the AC of S emergency room with a diagnosis of "priapism, acute onset." He had been referred from an outlying hospital where initial treatments of massive doses of estrogens, cold showers, and ad lib readings of Goodhousekeeping magazine had been administered without clinical remission.

On arriving at the AC of S, the patient was noted to be agitated, tachypneic, and moaning. A Swan-Glans catheter was rapidly inserted via a dorsal vein cutdown and Saltpetre (generic name: sodium nitrate) was continuously infused (reference — *Anal. of Medicine*: 192, 17). The central penous pressure fell to 14.7 mmHg from a pre-Saltpetre reading of 21.4.

Following these resuscitative measures, the patient was able to report the following history. He had been entirely healthy and for 25 years had never deviated from a daily routine of waking, shaving his face and hands, and cleaning the stables of his father's mink farm. On the day of admission, while caring for a female mink sick with "the heat," the patient glanced down at himself and noted "a little lump which I thought would go away. But, seconds later, it was still enlarging." The patient was reprimanded for not coming earlier.

He also reported a diet high in the preservatives monosodium glutamate and sodium benzoate. Concerning family history the patient noted, "My mother was a tailor; she sewed my blue jeans. My father was a gambling man, down in New Orleans."

Physical exam was negative except for a large, mobile, soft tissue mass in the inguinal area. Serum testosterone was 475 Pudansky units (normal 75-125). Flat plate abdominal films revealed a positive Throck-Morton sign. Computed axial tomography (CAT scan), at a cost of \$250, revealed "soft tissue mass, large." Sonogram of inguinal region — "soft tissue mass, large." Biopsy of the mass was undertaken (it was decided a big tip should be left) and showed a "large tissue mass, hard."

Despite two hours of Saltpetre, the patient's condition remained unchanged after two hours. A decision was made to stop the Saltpetre infusion and administer a wheat germ and natural cereal suppository in an effort to dilute the blood level of preservatives. Rales then aus-

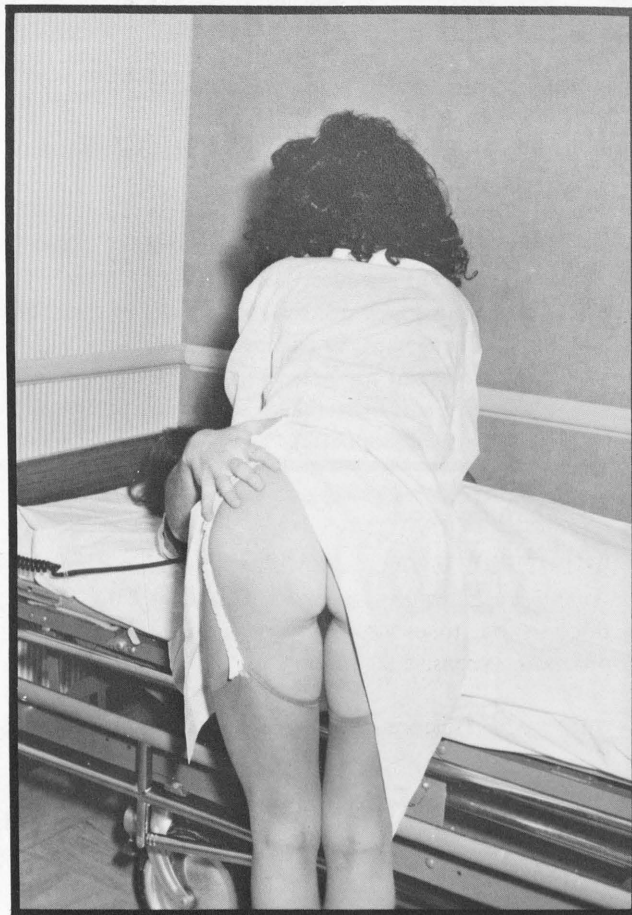
cultated over the inguinal canal were optimistically interpreted as early signs of hard failure.

Within four minutes, CPP fell to 2 and the soft tissue mass regressed to a tiny little lump. The patient was observed for two days and released. Followup was postponed till the patient returned from his tryout for the Vienna Boys' Choir.

### DIFFERENTIAL DIAGNOSIS

DR. VEINER: "Though, in a case of acute onset of priapism, hard failure is clearly a desirable outcome, I must take issue with several features of the management. First, with history of mink exposure and priapism, progressive mink encephalopathy must be entertained as a probable diagnosis. Saltpetre may achieve remission, but the patient remains a carrier! We have a duty to warn any minks that may have known him intimately, or even used the same toilet seat, to take prophylactic Saltpetre.

"Second, the reference article advises Saltpetre infusion for no longer than one hour since longer infusions may produce permanent drops in serum testosterone levels. Third, preventive medicine is crucial in priapism where excessive pooling of blood in the periphery may cause irreversible brain damage. So, if you find a lump, see your doctor. Early treatment saves lives!"



The prodromal signs of Testosterone storm are well illustrated in the above photograph (photo contributed by the Harry Reems Research Center for Erection Disorders.)



Eat my diapers

& \* \$ \* ¢ % & !

Nose crusts

## The Coprolalia\* Foundation's Plea for Contributions

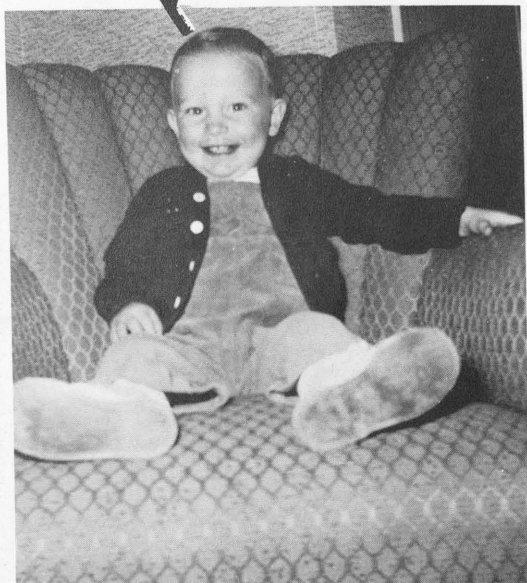
*Three children will needlessly suffer this decade from Coprolalia, the "Great Crippler of the Oral Stage of Development."*

A healthy child the day before, Johnny learns to speak words of joy. "Mama's" and "dada's" ring through the air. Then suddenly, for inexplicable biochemical reasons, tragedy strikes. Little Johnny's words change from "kitty" and "bow-wow" to "peepee" and "caa-caa."

The disease's course is unpredictable. For the lucky, there will be remissions. On occasion, the fortunate coprolalic may attend short birthday parties or a quick wedding. But no one can predict when an impulsive "weiner in your eye" or an unthinking 'poopoo' will interrupt a birthday song or exchange of sacred vows.

For the less fortunate, the course is rapidly downhill. Johnny appears at his mother's bridge club dressed in his cute fireman's suit telling the gathered matrons that he will (in so many words) put out their fires with his peepee.

The future for all stricken with coprolalia is a question mark. Some, with proper rehabilitation, will secure jobs. Prominent examples include Howard Cossell, Harry Truman, and Richard Nixon. But for most, life is a bleak dismissal from society, a world haunted by pariah, those shunned as lepers of a modern era.



BUT THERE IS HOPE . . . with your dollars, time, support, and dollars. Doctors are experimenting with "oral dialysis" where the mouths of coprolalics are hooked to soap suds exchangers for fifteen minutes three to four times a week. Results are promising. Remissions up to six hours have been obtained, but the process is expensive and unproven.

Until medical science finds the answer, help it meet the challenge. Send your dollars to:

Coprolalia Foundation  
c/o editorial staff of NEJS  
Buenos Aires, Argentina

\*Coprolalia [Gr. ΣΗΙΤ meaning "stool", lalia meaning "to speak"]



## paJAMA

*Trouble sleeping? How about insomnia? All good doctors need their beddy-bye or they become grumpy, ugly rags the next day. And that's an absolute indication for the medical profession's number one boring journal, paJAMA. Just take a gander at these losers from next week's issue.*

Philosophical Intricacies of Calcium Metabolism

Biochemical Breakthrough: Vitamin D Cis- and Trans-Isomers

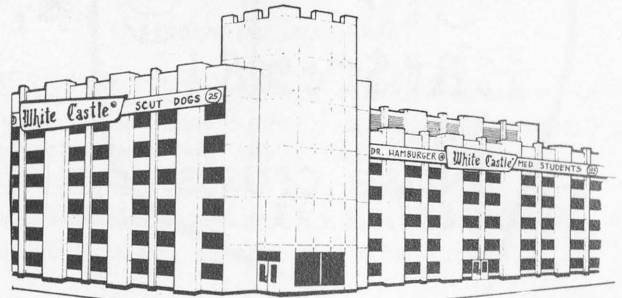
Does Milk Really Contain Calcium?

What Effect Will Government Intervention Have on Calcium Reserves?

Hypercalcemia and Limbic System Malfunction

*Guaranteed to induce palpebral plumbism.*

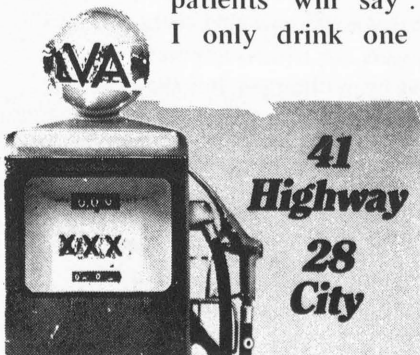
PICK UP A COPY OF OUR  
"HOUSE ORGAN" -- IT'S FREE!



## White Castle Medicine®

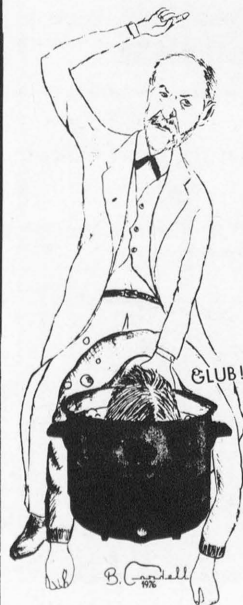
**MA BOHEMIAN  
BEER**

So light, so refreshing, your patients will say . . . "Gee, doc, I only drink one beer a day!"



Now in convenient six and eight packs of traditional gallon bottles or new recyclable aluminum drums.

## KROCKPOT



*Nine out of ten psychiatrists recommend KrockPot for treatment of hypochondriasis.*

- . . . simmers agitated patients down*
- . . . brings pimples to a boil*
- . . . changes dolor to calor in minutes*
- . . . no loss of esteem when used with a lid*

Now available by mail. We pay the postage! Place a \$30 check or money order to NEJS Med Merchandise, c/o editors, in a plain brown paper bag, in the oak tree outside the Memorial Union. Anonymity guaranteed.



ORDER  
NOW  
**Chest  
Gut  
Blood  
Muff  
Scrotum**  
Journals

Lucency Squire "Eggs-Ray" Vision Glasses



Amaze your staff doctor  
with premature diagnoses!!

Be the life of the party!!

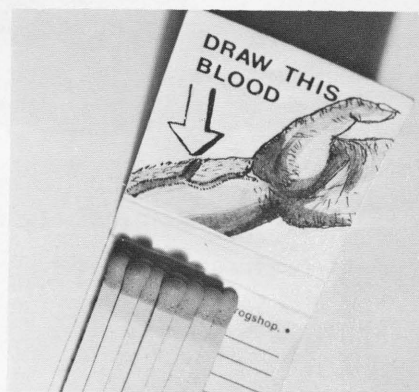
See thru alibis. Detect brain tumors. Harmless mam-  
mograms. Count the change in your pocket without be-  
ing embarrassed. These amazing glasses are guaranteed to  
discriminate between the four Eggs-Ray densities: Earth,  
Wind, Fire, and Water. Proven in tens of clinical situa-  
tions. No known contraindications. Use by pregnant  
women and children under 30 not yet approved.

Caution: these glasses caused bladder cancer in test  
mice each fed five pounds of 2-naphthylamine per day  
over a two year period.

**DRAW THIS BLOOD!**

Do you have hidden phlebotomy talent?

Did Fate decree a career in Scut for you?



**Do the Scut!!**

"Look, Fellows and Gals!!

You can earn no spare money in your free time!!"

If you're a man or woman medical student 21 years or older, you can be a happy prosperous scut dog.

Join over 30,000 men and women who win not one dandy free prize and never come close to earning  
\$5 to \$10 a week doing scut. Pictured below are some of the swell prizes that will always be out of  
your grasp when you do scut.



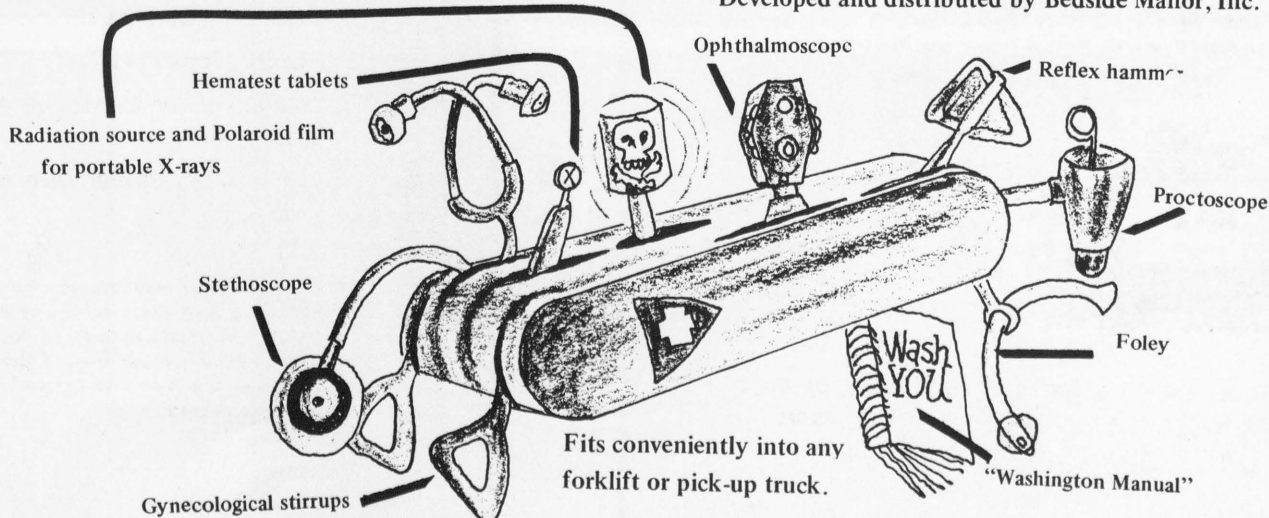
Send your name, address, and \$1050 yearly membership fee to the American College of  
Scut, c/o editors of NEJS (Swiss Bank Account 4705B), and you too can do the scut!



**Swiss Medical Corps Knife**

Not having your stethoscope when you suspect a murmur is like for-  
getting toilet paper on a campout. Don't be caught with your pants off  
when a Swiss Medical Corps Knife can place medical technology at the  
flick of your blade.

Developed and distributed by Bedside Manor, Inc.





# THE DEADLY UTERUS

Spawned by the age of nuclear medicine, a mutant, hypertrophied uterus terrorizes a nation already anguishing over the loss of morality and the election of Jimmy Carter.



**PG PARENTAL GUIDANCE SUGGESTED**

**STARRING:** Moe Trin, Larry Teene, Curly B. Linz, Syphilis Diller, Sigmund Colon, Urethra Franklin, Rhoid Roger, and Perry Coma

**Directed by** Gamelli

**Produced by** Four Nix Cervixes

**Costumes by** Fascia Lata de Paris

**Loosely adapted from** Novak's "Gynecology"

**All rights preserved** 1976

**Filmed in** PanhypopitVision

*\*Due to the utter suspense of this movie, all patrons will be requested to assume a fetal position during the last ten minutes of the show and implant themselves into the walls of the theatre.*

Can nothing stop the flourishing fimbriae?

Will New York City be engulfed in glycogen?

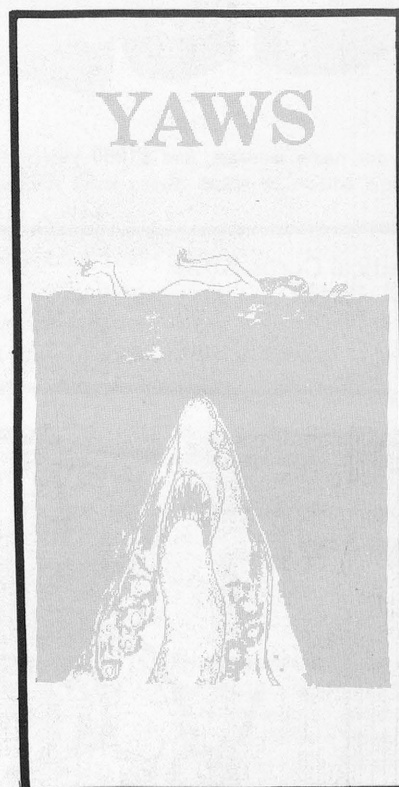
Will Indianapolis be fertilized?

Is the nation's tampon supply in jeopardy?

You'll be held in suspense by broad ligaments.

Nominated for the Bronze Speculum.

Added second feature:









# PEOPLE





INDIANA UNIVERSITY SCHOOL OF MEDICINE  
1100 WEST MICHIGAN STREET • INDIANAPOLIS, INDIANA 46202

OFFICE OF THE DEAN

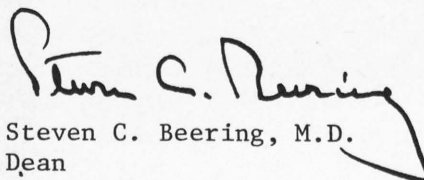
Dear Colleagues:

Four years ago you began your professional careers with a feeling of uneasy anticipation but the firm resolve to "make it through." You brought to the task enthusiasm, dedication and curiosity. You learned that the essence of science is systematic inquiry. You learned that successful diagnosis comes from asking searching questions, listening attentively and analyzing the data with care. You were amazed at the infinite variety of normality. Frequently, you were frightened by experiencing systems which conjured up serious diseases in your mind. You learned to initiate treatment by trusting your observations and common sense.

As you leave us and pursue your life's work, remember that wisdom comes from recognizing one's mistakes and practicing within your limitations. The secret of the art of medicine is compassion and comforting your patient with believable hope.

With best wishes for a long and successful career!

Sincerely,

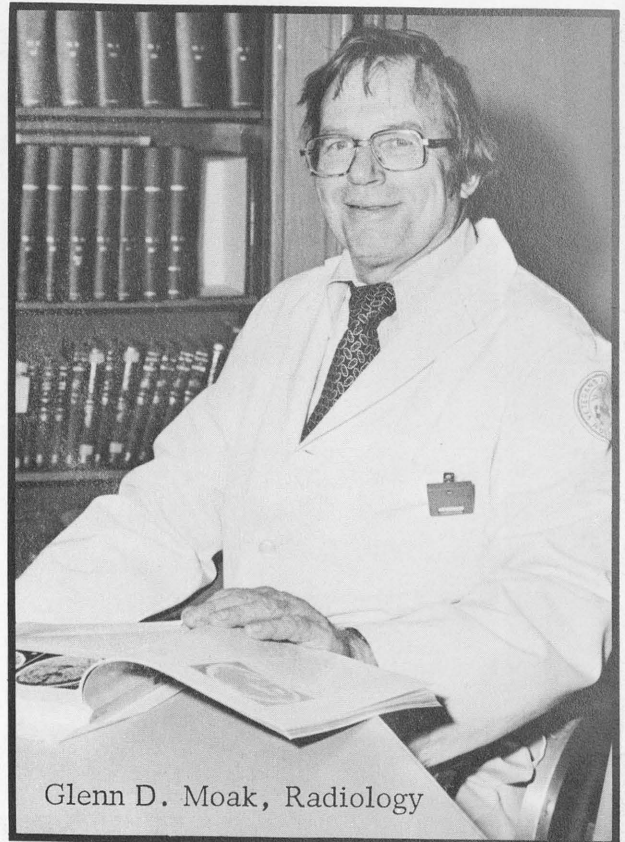
  
Steven C. Beering, M.D.  
Dean

SCB:mjs



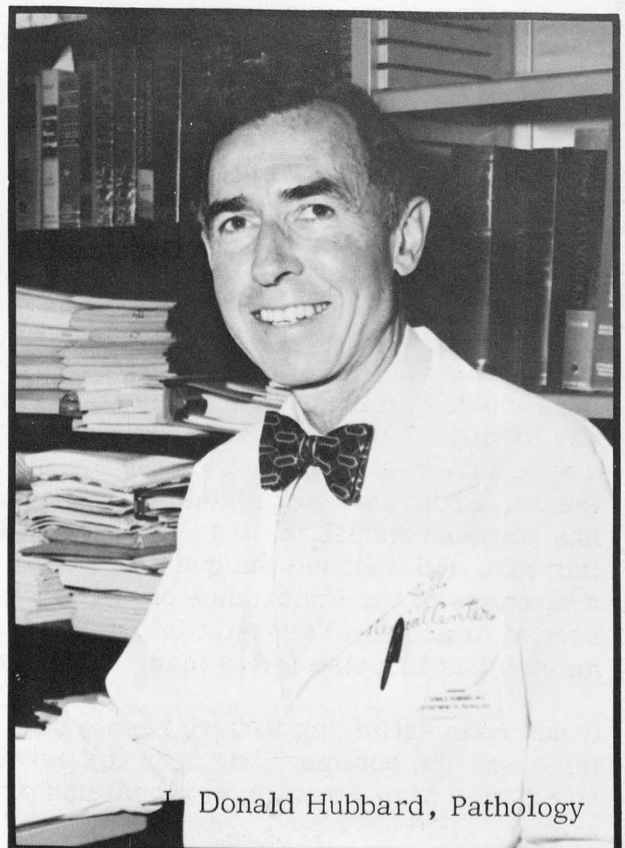
It is astounding how much knowledge, particularly the fundamentals of medicine, our seniors have assimilated. My daily dialogue with them is enriched by their quest for the fundamentals of imaging in radiology and their overview of the entire health field.

I feel that two future developments are to take place. One, that our future physicians will more willingly accept peer and governmental control. The other, that more large health delivery units will be formed, resulting in more competition and overall better delivery of health care for the majority.



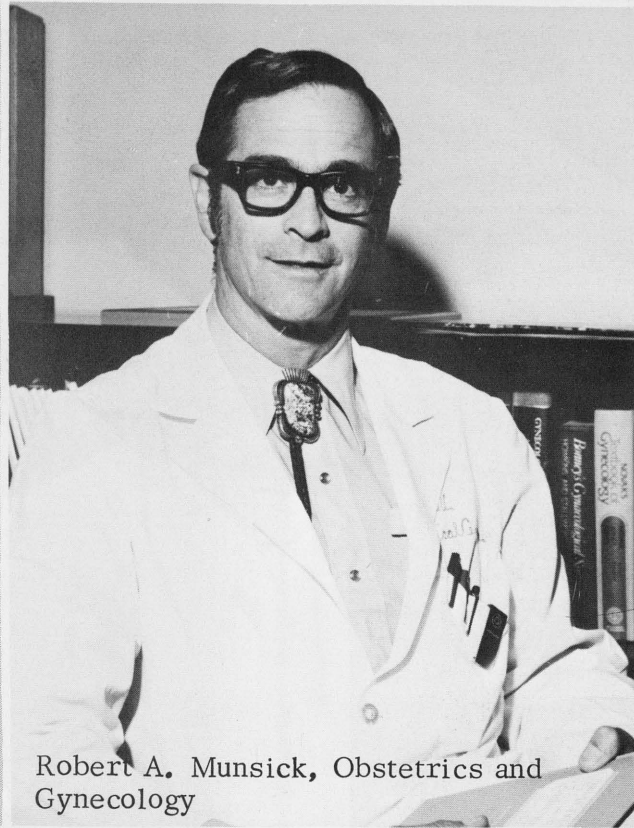
Glenn D. Moak, Radiology

The Class of 1977 exemplifies by achievements already accomplished that the student advances more by the curiosity, motivation, perseverance, challenge and the sense of responsibility from within than by all the teaching that the faculty can possibly bestow. May each and everyone continue to have the stimulation, satisfaction and joy of learning newly discovered throughout a long career.



Donald Hubbard, Pathology





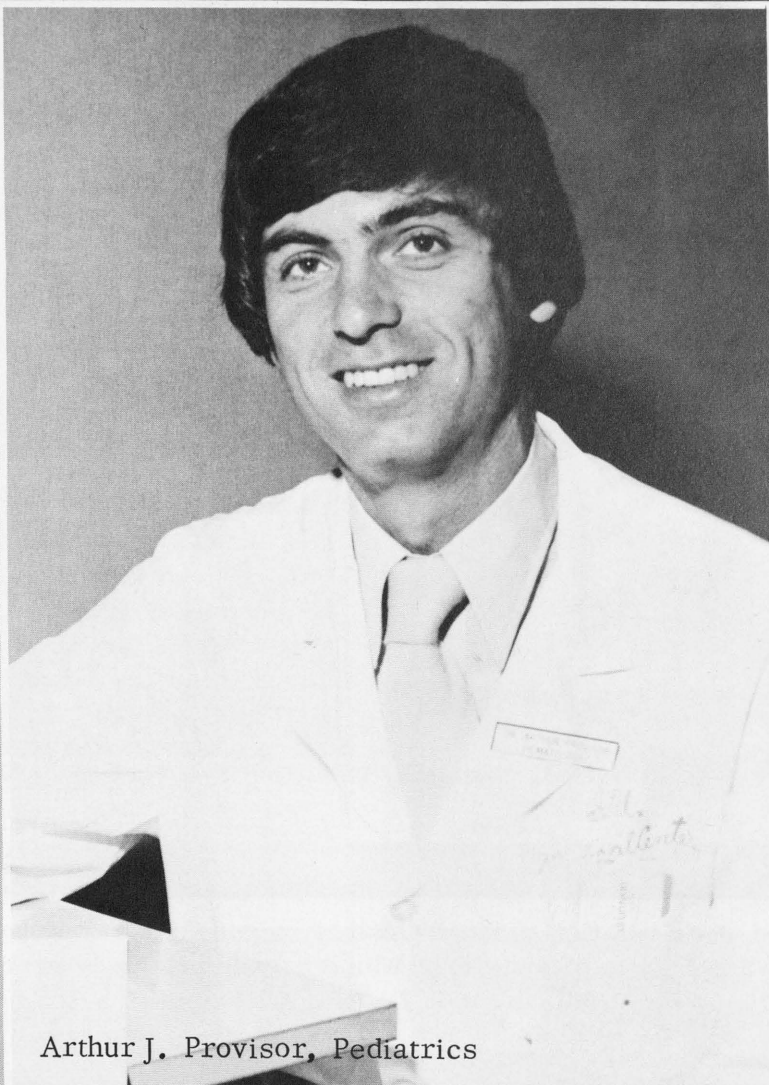
Robert A. Munsick, Obstetrics and Gynecology

During your third-year rotation through Obstetrics and Gynecology your class participated, often unwittingly, in experiments which have produced revolutionary changes in our educational methods and philosophy. What changes are these and how did you participate and contribute to them?

Your class was the first to participate in the surrogate-patient program at Indiana University and learn the technique of the gynecologic examination directly from the instructor whom you were examining. You were the first to have an entry examination at the beginning to the clerkship and from it to receive clues to weaknesses in your knowledge of the basic reproductive sciences. No group before you had had a complete set of instructional objectives delineating the essentials of the course, controlled test data from several groups in your class demonstrated clearly that objectives unquestionably facilitate the learning process. In your post-clerkship course critiques you identified weaknesses and strengths in the design and conduct of the clerkship. These have been noted and suitable changes have resulted in many course improvements. From your negative and positive comments concerning individual residents has come an annual resident teaching award, a conscious effort by the housestaff to increase and improve the quality of their educational efforts, and a Departmental awareness of the importance of resident teaching responsibilities. Your favorable response to and the diagnostic information obtained from time-consuming essay examinations has likewise led to many modifications of course content and media.

It has been satisfying to have been a part of these positive changes. But, as is always the case, the best part has been the personal contact and interchange of ideas with you as you have grown in personal and professional stature. Never stop questioning and you will never stop growing.





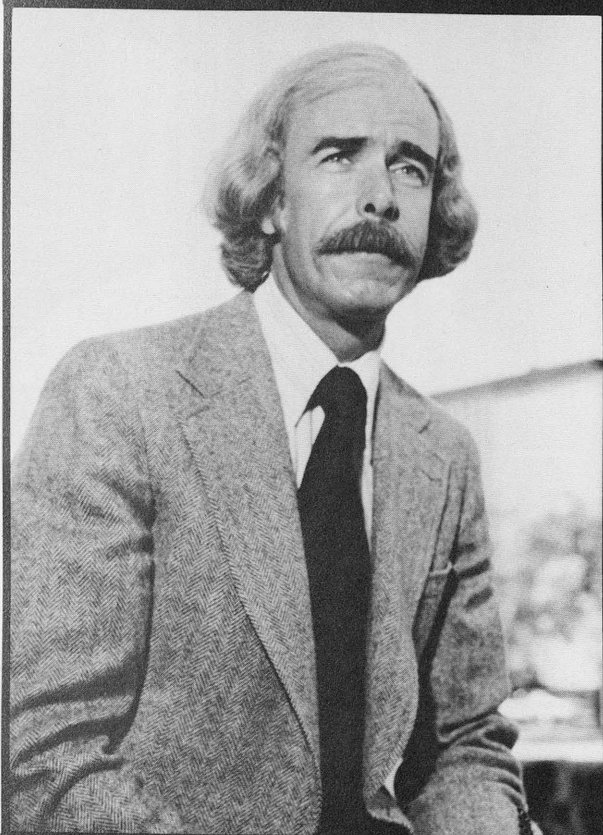
Arthur J. Provisor, Pediatrics

Over the past two years I have met almost every member of the Class of 1977. I have watched you as you refined your clinical skills and developed an increasing self confidence in your ability to function as a physician.

Intellectual curiosity accompanied by enthusiasm and a certain compassion for one's fellow man are the prerequisites for a successful career in medicine. It is both refreshing and unique to find these characteristics present in so many members of your class. We are presently at the crossroads of medical care in this country. The specter of national health insurance looms ahead of us. Whether this form of delivery of medical care will interfere with the traditional doctor-patient relationship, only time will tell.

I assume that most of you will go out into the community and attempt to practice medicine. Do not be frightened by the prophets of gloom who predict that you will not be able to practice medicine as you desire. The evolution of society implies change. We in medicine are an integral part of society and must be able to adapt to change. I am confident that you will acquit yourselves well, whether your paths lead you into patient care, teaching or research.





James R. Meadows, Internal Medicine

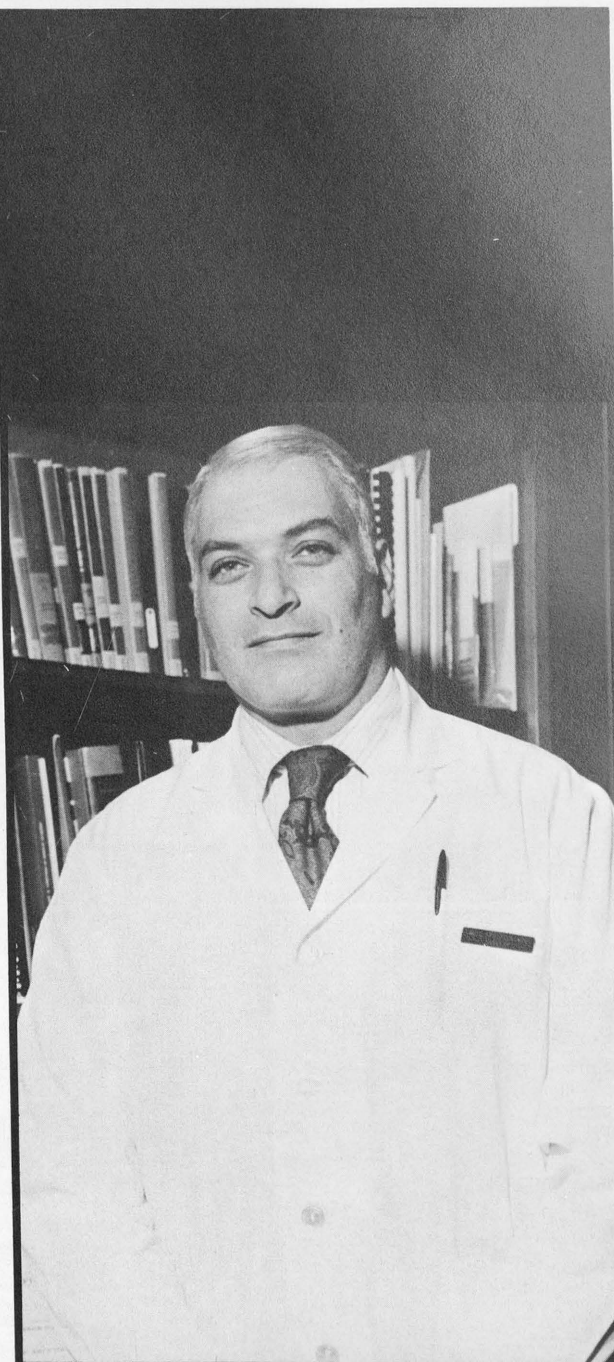
There are many things I wish for you upon graduation, not the least of which is a keen awareness for ignorance. Not just your own, for any knowledge gaps you may have are easily correctable. There are many opportunities for postgraduate education readily available, and I hope you maintain the intellectual curiosity and desire for self-improvement necessary to take advantage of them. I am more concerned, however, that you remain alert to the ignorance of medicine itself. After all, how many diseases can you name for which we understand the etiology or that we know how to prevent? We know even less about therapy as few of the drugs and techniques we use so freely have been proven to do more good than harm. Fortunately we will learn much in the years ahead, and our science will become more exact.

In the meantime, you have the opportunity to practice the physicians's greatest art - the relief of human suffering - and not physical pain so much as mental anguish. A serious illness is terrifying for most patients, especially an in-patient experience with its parade of assaults on one's body and dignity. Even minor bodily problems cause anxiety, simply because the patient knows so little and fears the worst. You can at least cure his ignorance, if not his disease. In doing so, be honest in your appraisal of his situation, what he can expect, how he can help, and what you have to offer. He will be grateful for your truth. But this task is not easy, for your honesty must be tempered with sensitivity and compassion so as to not destroy hope, and I wish you these things most of all.



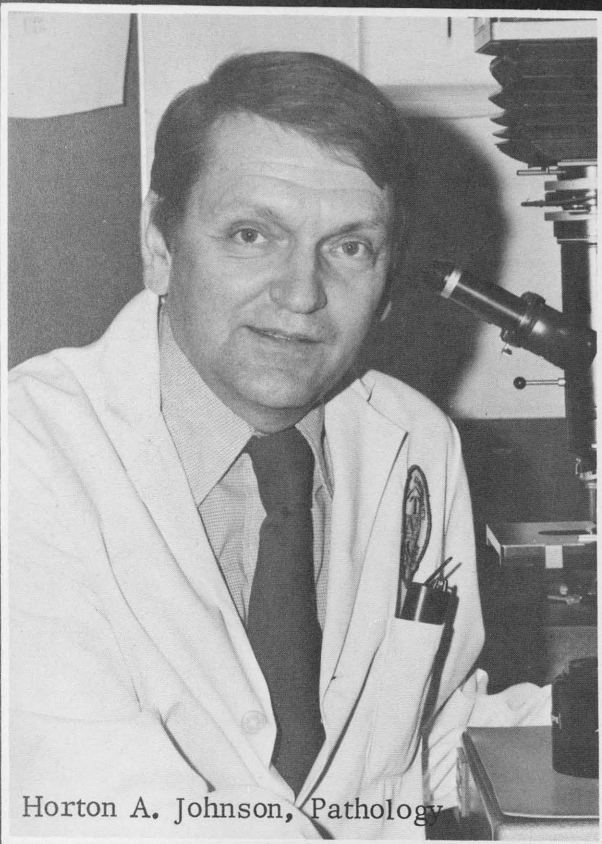
The role of the medical educator is to develop and mold an intelligent, creative, and well educated student into a competent physician. The teacher must stimulate the young student's intellectual curiosity, affect his attitudes, and prepare him to be innovative, make decisions and face the most complex clinical conditions in a stable, objective, and humane manner. The teacher must make a commitment, devote the time, and set an example for the student to follow. The teacher should motivate the student and help him or her discover that the rich traditions and essential concepts of medicine are stimulating, gratifying, and rewarding.

The student must enter the educational environment of medicine highly motivated and with a great capacity to learn. He or she soon realizes that being a physician is not all glamour and anything but a soft life. The neophyte must study in a diligent manner, learn to communicate with patients, colleagues, and teachers, and strive to eliminate areas of his or her own recognized weaknesses. The student must be concerned with the pathophysiology of disease states, become an astute clinical observer, and learn of death and dying. The young physician must avoid pseudointellectualism, grandiose tendencies and unfounded generalizations. He must carefully pay attention to what the patient tells him, extend common courtesy and respect and have the willingness to listen. In most instances the patient will tell the physician exactly what's wrong. The new physician must be especially conscious of the patient's needs, avoid confusing him, be honest and objective with him, and yet have compassion. The young doctor must develop the desire to assume responsibility, maintain high moral and ethical standards, return to simplicity and truth and "do what's right".



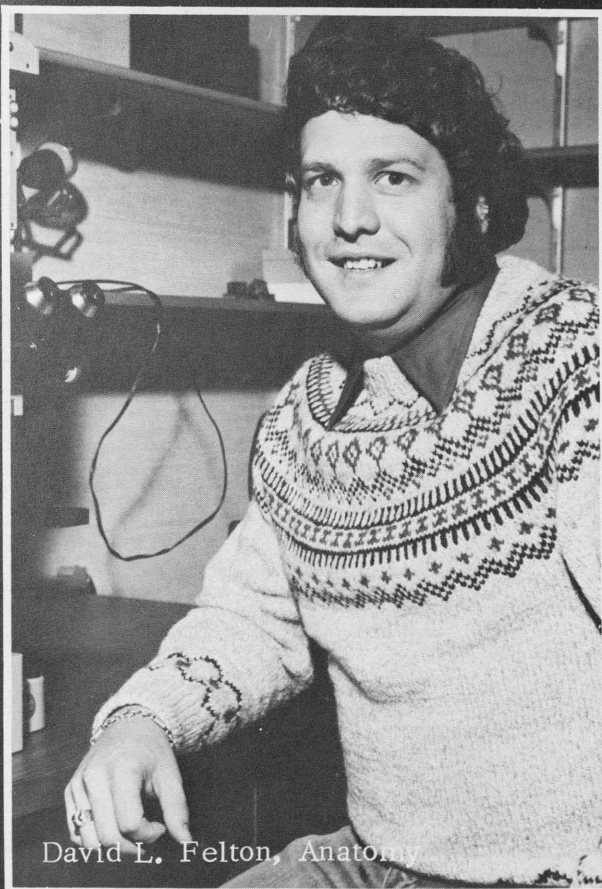
Jay L. Grosfeld, Surgery





Horton A. Johnson, Pathology

Congratulations to the Class of '77, my last and very best class at IU. During our year together, I was privileged to know many of your hopes and ideals. I can wish you nothing finer than the fulfillment of these.

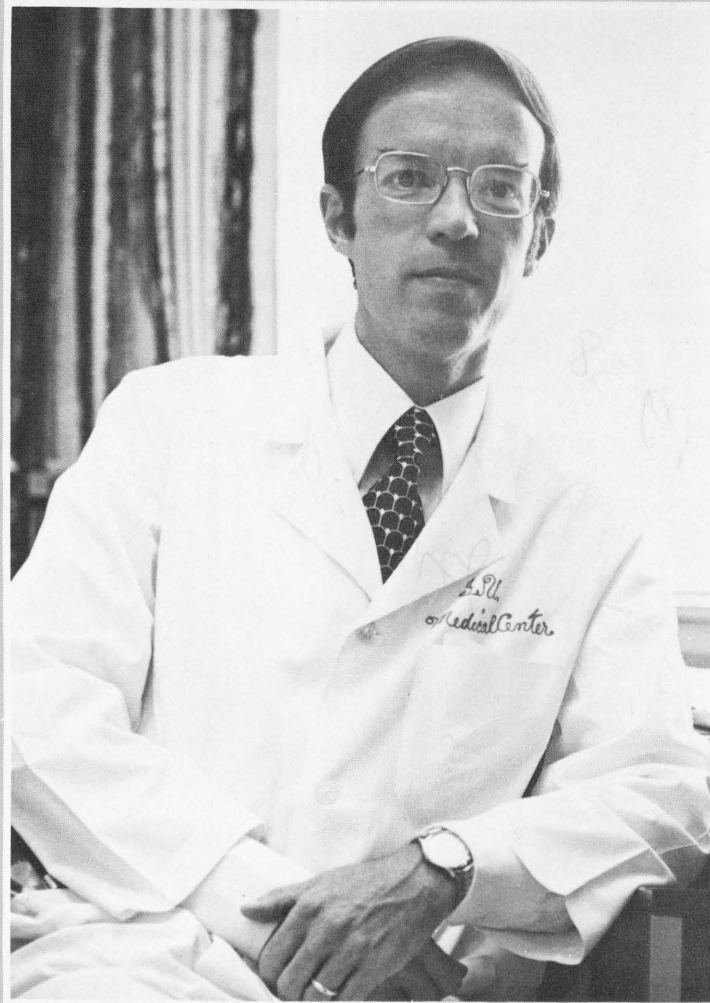


David L. Felton, Anatomy

The senior class is the first medical class I taught, and will always be a happy and pleasant memory. You taught me the value of laughter and humor to maintain a perspective of sanity in an otherwise serious and demanding experience. Your broad range of interests and diverse talents are a welcome addition to medicine. As a parting thought, a quote from WALDEN by Henry David Thoreau:

"Nature is as well adapted to our weakness as to our strength. The incessant anxiety and strain of some is a well-nigh incurable form of disease. We are made to exaggerate the importance of what work we do. One has no time to be anything but a machine. It is a fool's life. I am convinced from experience that to maintain one's self on this earth is not a hardship but a pastime, if we will live simply and wisely. If one advances confidently in the direction of his dreams, and endeavors to live the life which he has imagined, he will meet with a success unexpected in common hours."





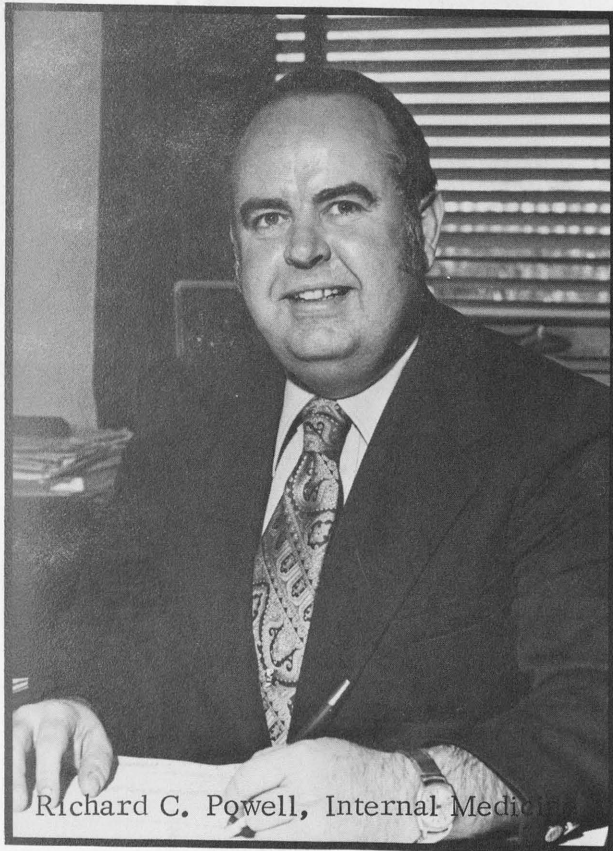
R. Joe Noble, Internal Medicine

To teach this class of students has not been taxing. Excellent when they began their Senior year, excellent they will terminate it. Our only function has been to encourage them, to expose them to some new ideas, and not interfere with their self-education.

As most recent classes of medical students, these young physicians are genuinely concerned with the welfare of their patients; and, importantly, they convey that concern in their everyday demeanor. Medicine has advanced amazingly in recent years, but the public hasn't seemed to grasp the significance of these advances in terms of their own personal benefit.

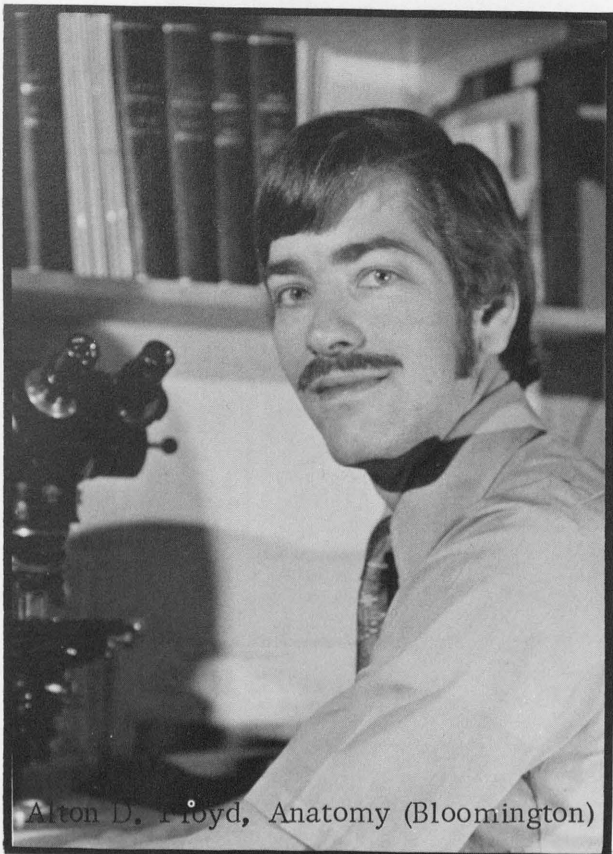
The combination, in the present Senior class, of an exemplary scientific background with genuine humanitarian concern should result not only in good medicine but also in good (and well-deserved) public image of the efforts and successes of the profession.





Richard C. Powell, Internal Medicine

I shall remember the Class of 1977 as a group with character and perseverance in the face of today's more stringent academic standards in medical school and increasing competition for postgraduate training programs. My memories from the Sophomore Introduction to Medicine course include the prolonged Pathology-Radiology labs, the Monday morning quizzes in Reproductive Biology, the pre-test for Chest Diseases, and the noon hour scheduling mishap with Mayor William Hudnut. In spite of these and many other obstacles, the Class of 1977 has acquired the medical knowledge, skills and attitudes necessary to become effective physicians. I congratulate you, charge you to "keep up" in this rapidly advancing field of medicine, and wish you well in the years ahead.

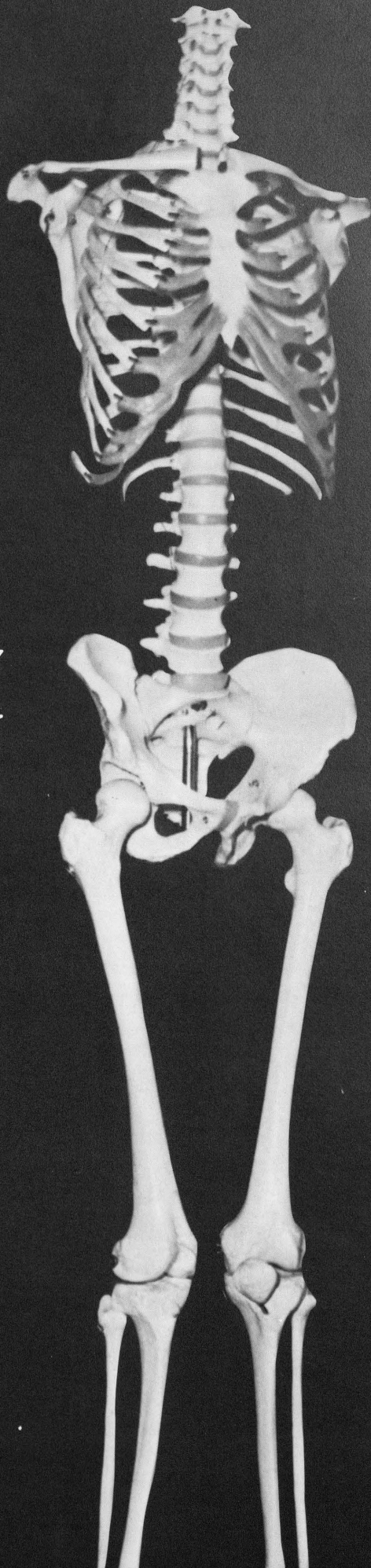


Alton D. Floyd, Anatomy (Bloomington)

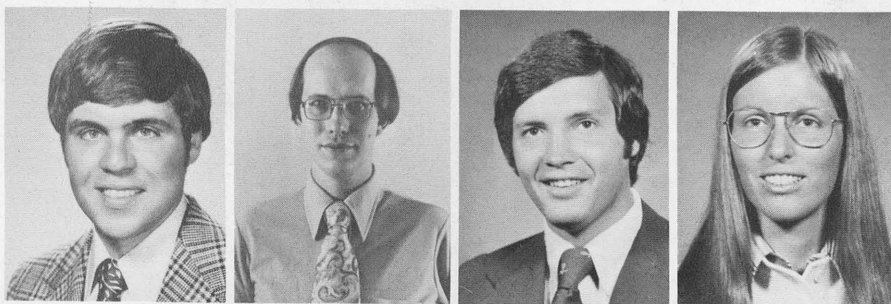
The Class of 1977 was my first medical class at Indiana University and was responsible for my initial impressions of the Indiana University student of medicine. This class was always willing to tackle any assignment, regardless of the length or complexity of subject matter, and perform at an exceptional level. My previous teaching had convinced me that medical students were only interested in passing examinations and were not concerned with comprehension of material presented. The Class of 1977 demonstrated to me a genuine concern for gaining a maximum amount of information in order to become the best possible physician. One of the attributes of this class I will always remember was the humanity of the group - the real expression of concern for fellows - whether in the context of future patient, classmate or teacher.



ANYBODY  
YOU  
KNOW?



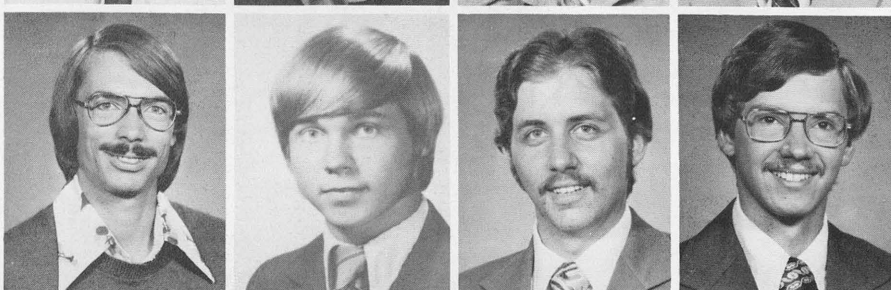




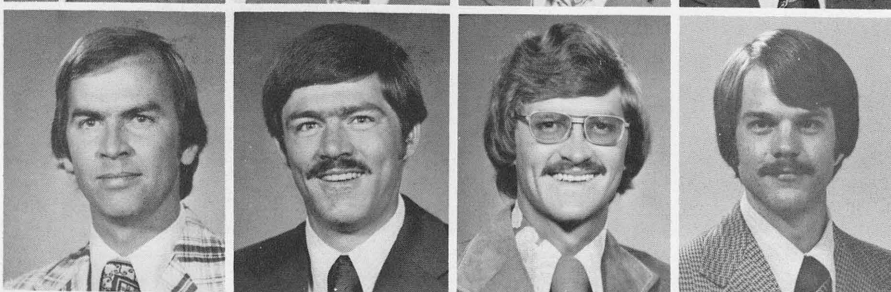
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John Albrecht  
Stephen Aldred  
Charles Anderson



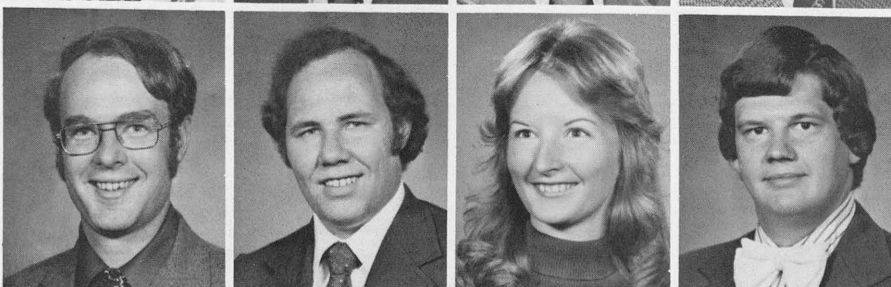
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Elaine Arata  
David Backes  
James Barton



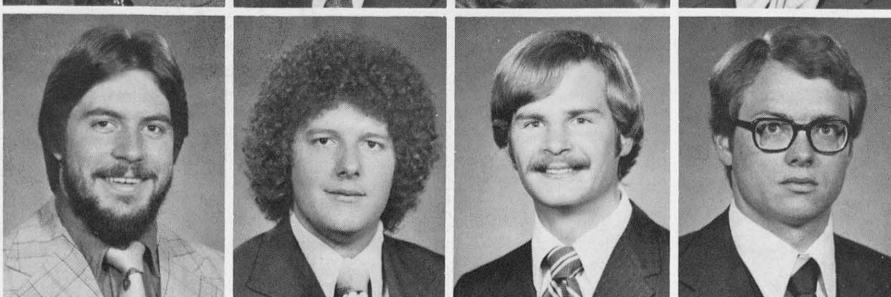
Byron Batteiger  
Mark Bechtel  
Gary Becker  
Mark Belisle



John Berry  
Bradley Black  
Michael Brown  
William Bowers



David Bowman  
Thomas Bridge  
Sandra Brown  
Terry Brown

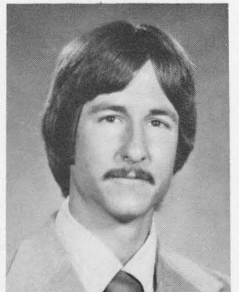
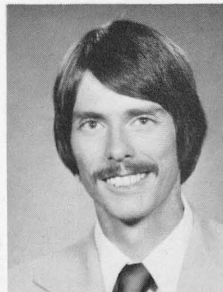
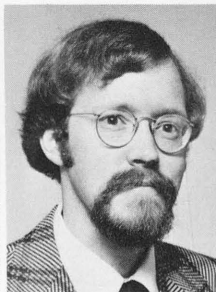
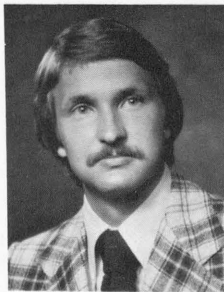


Mark Browning  
John Burnley  
Fred Busse  
Ronald Caldwell

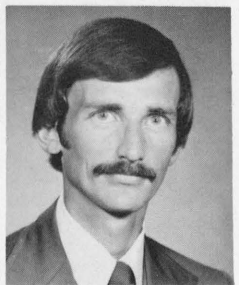
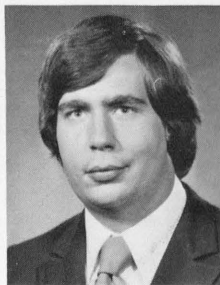
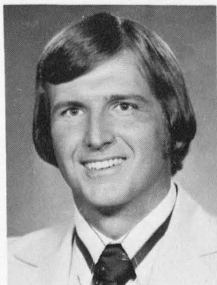
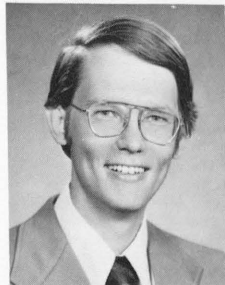




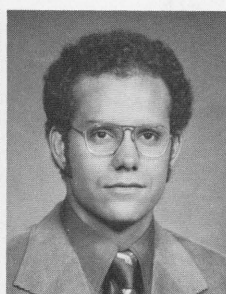
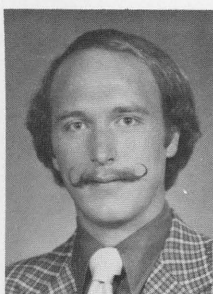
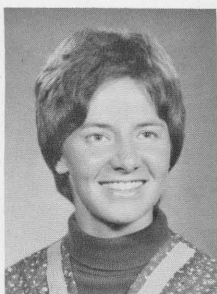
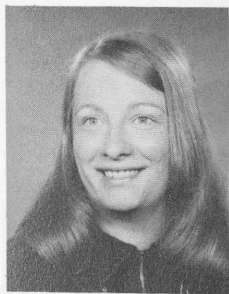
Joseph Carpenter  
Daniel Carr  
Douglas Carter  
James Caughlin



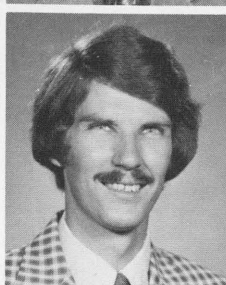
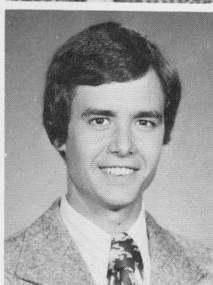
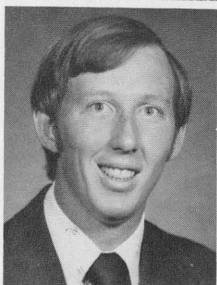
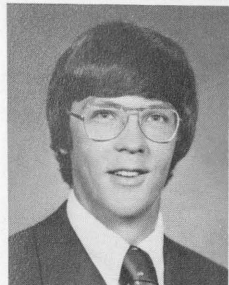
Robert Cederquist  
Christopher Chappel  
Joseph Clark  
Dallas Coate



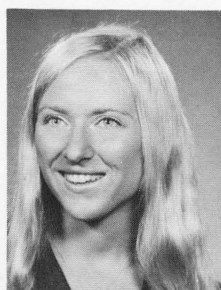




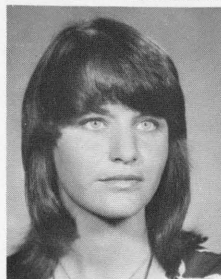
Suzanne Combs  
Mary Compton  
William Cordell  
Anthony Cossell



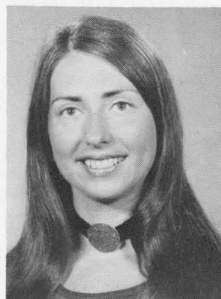
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Louis Cutrell  
Edward Davis  
Timothy Davis



Patricia Dillin



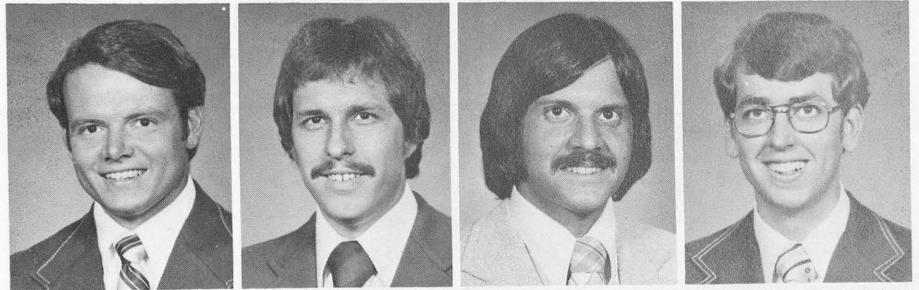
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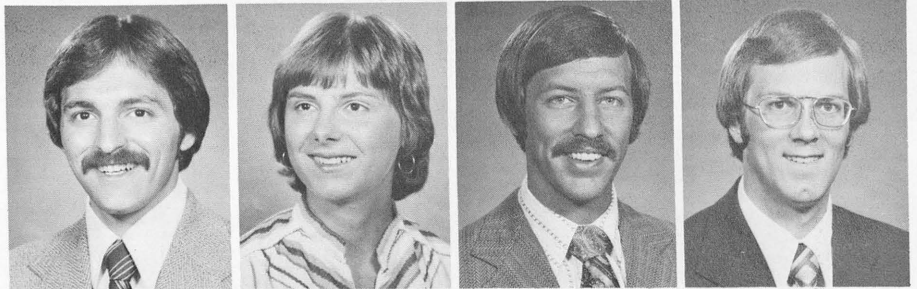
Nancy Eklund



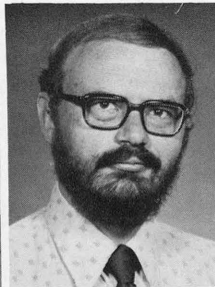
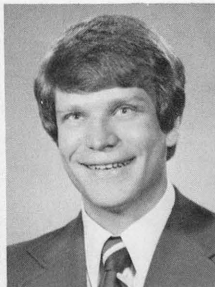
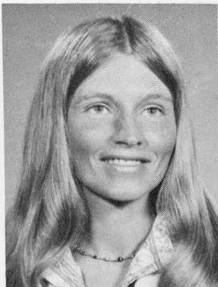
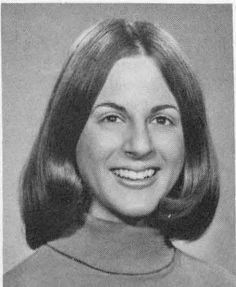
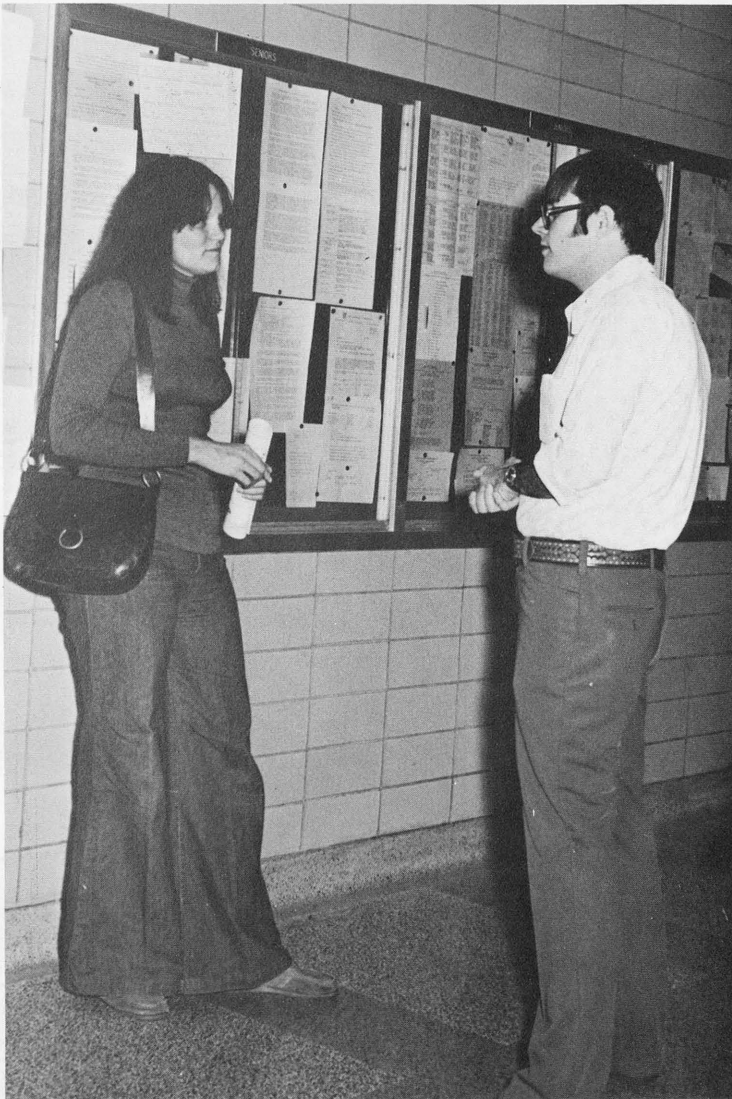
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Joseph Faust  
Richard Feldman  
Dean Felker



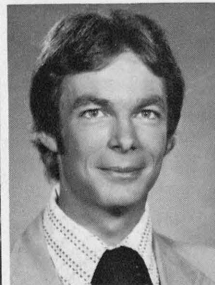
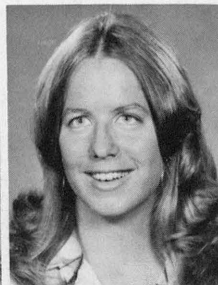
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Maria Ferraro  
Patrick Flamion  
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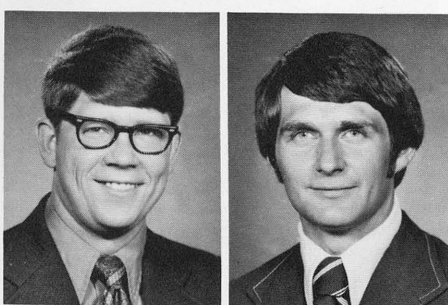
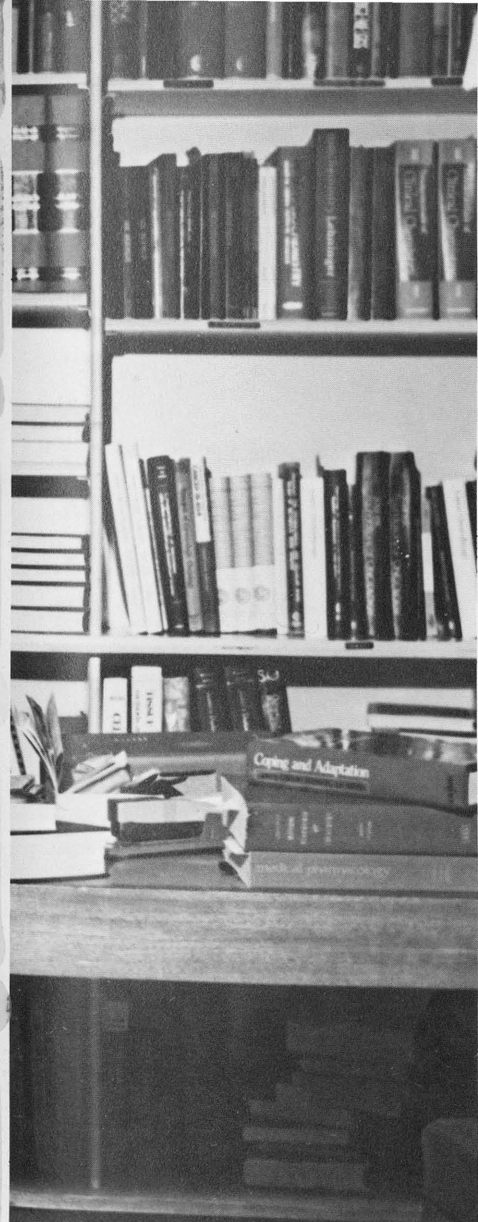
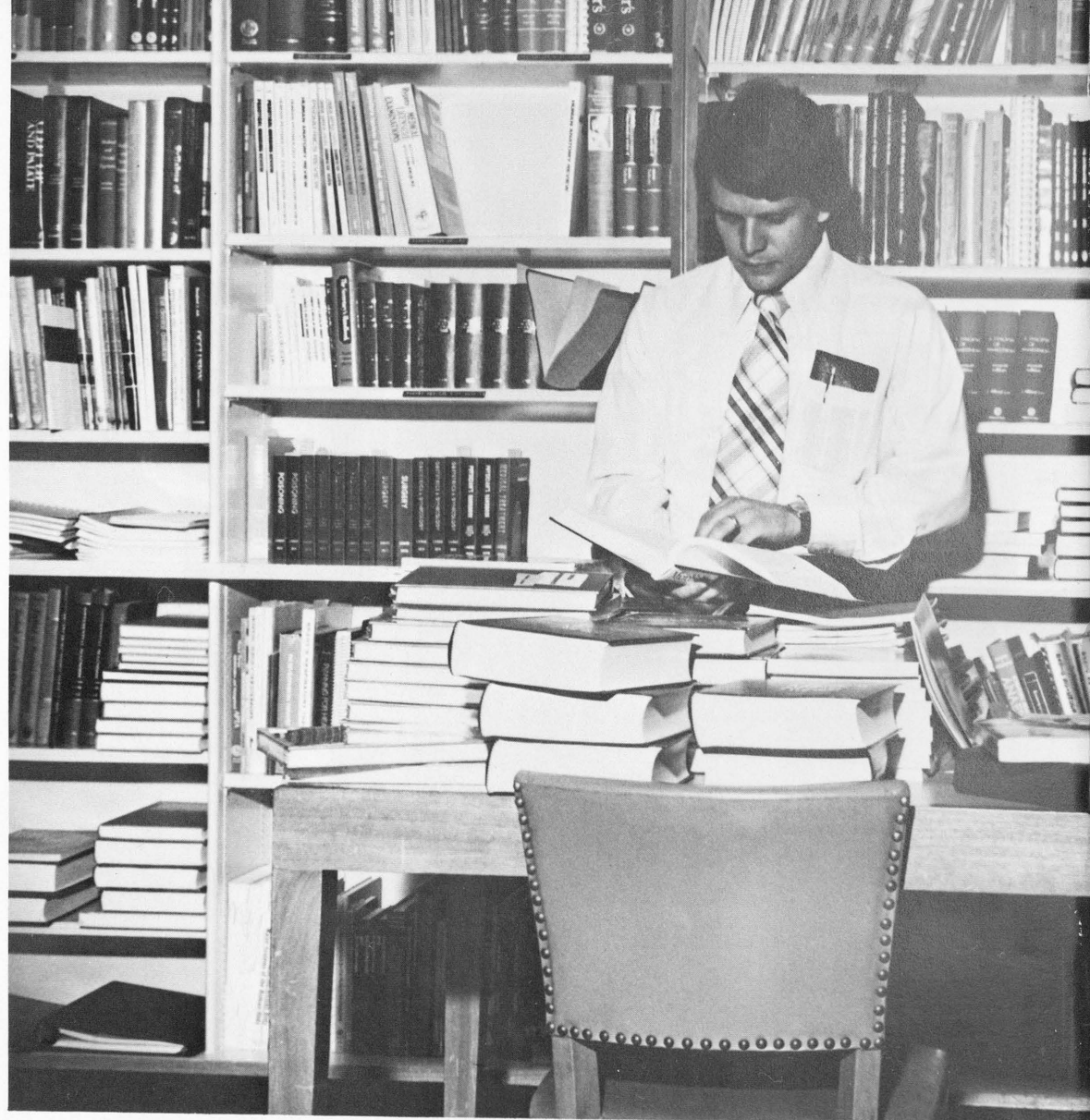


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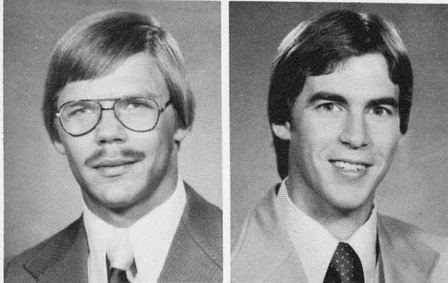


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Patricia Gallagher  
Charles Garrison  
Deborah Givan

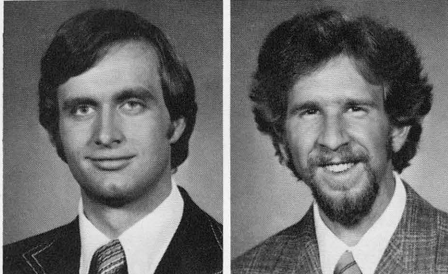




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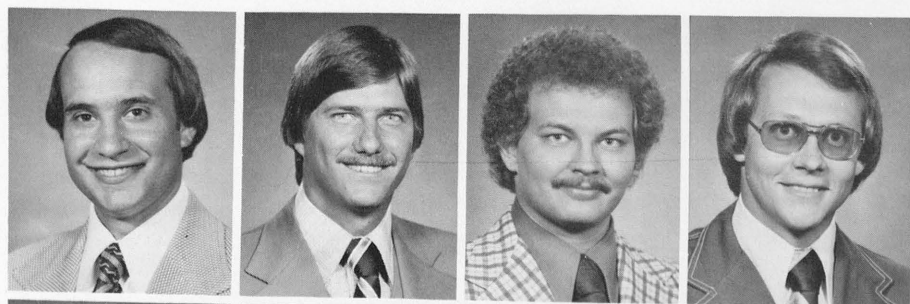


Marcus Hermansen  
Clifton Hocker

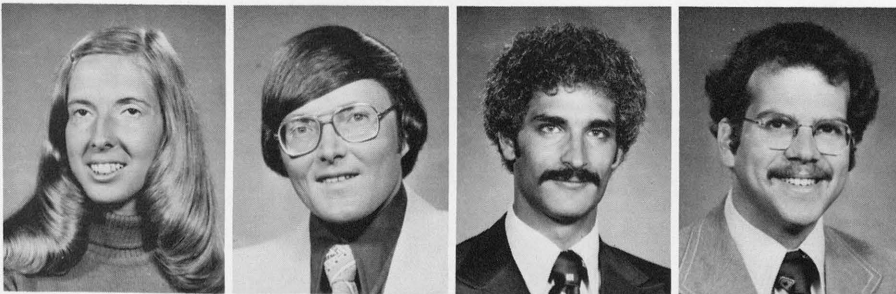
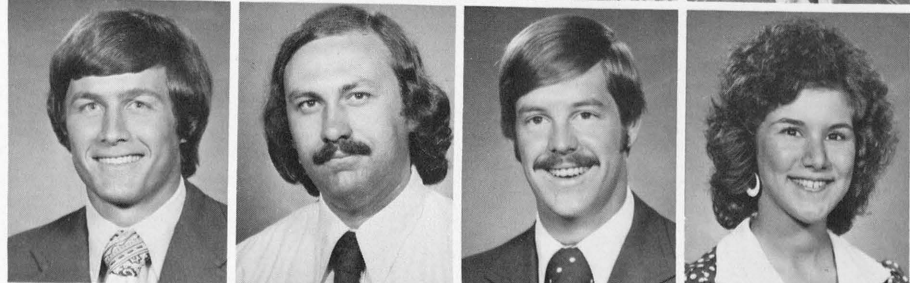


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Daniel Goldsmith  
Braun Graham  
James Griffin  
Bruce Guebard



Robert Habig  
Alan Hall  
James Hardy  
Elaine Hathaway



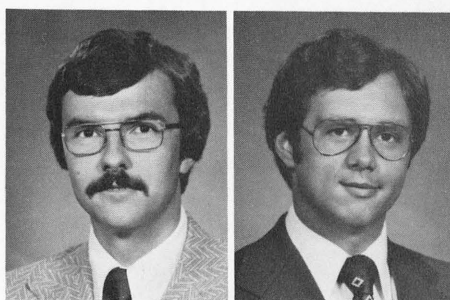
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Kenneth Inman  
Eugene Izsak  
Stephen Jacobs



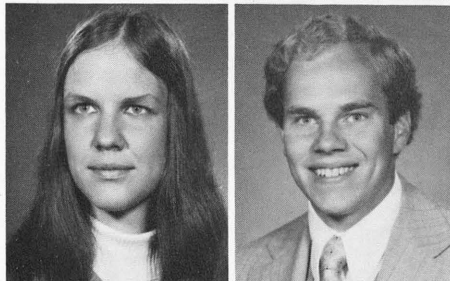
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James William  
Billie Jameson  
Eric Johnson



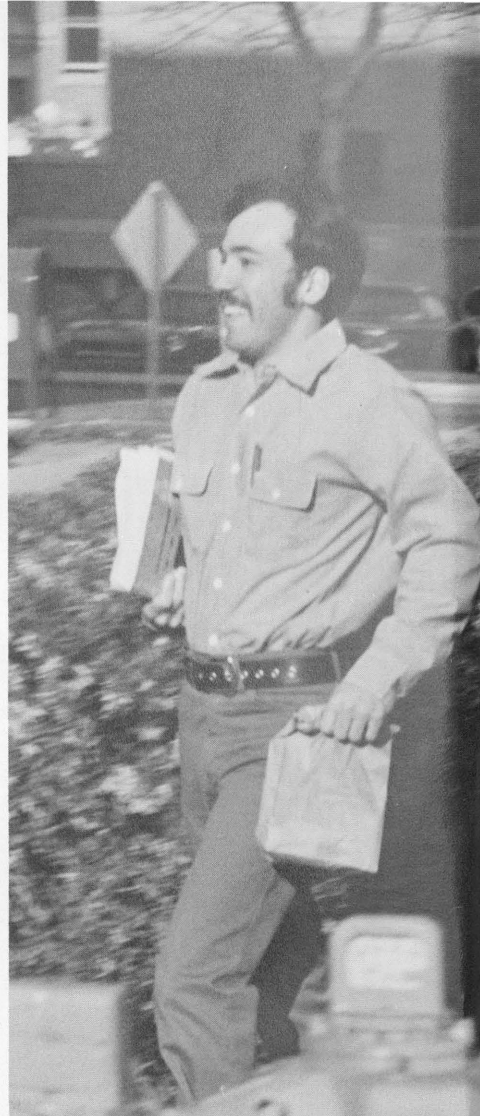
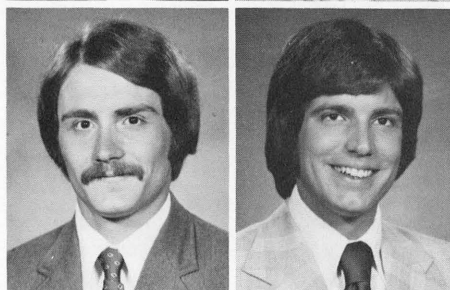
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Victor Jones



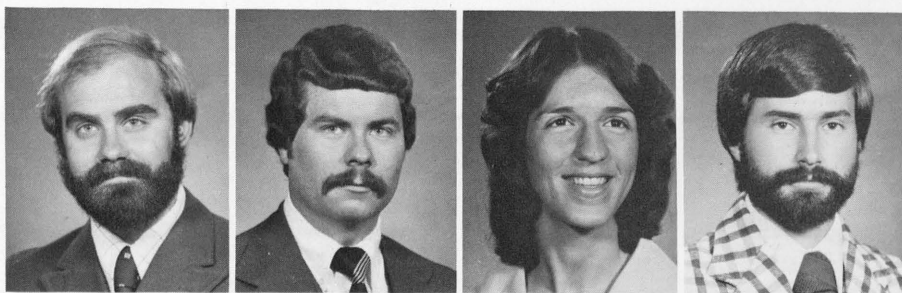
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Steven Kappes



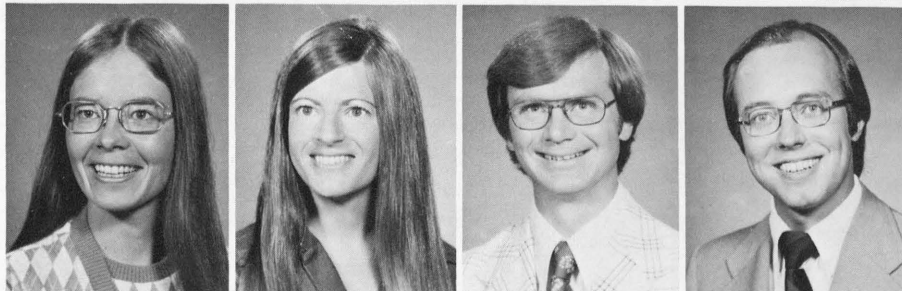
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William Kennerly



Baron Kidd  
Richard Kincaid  
Wendy Kindig  
Brian Kinel



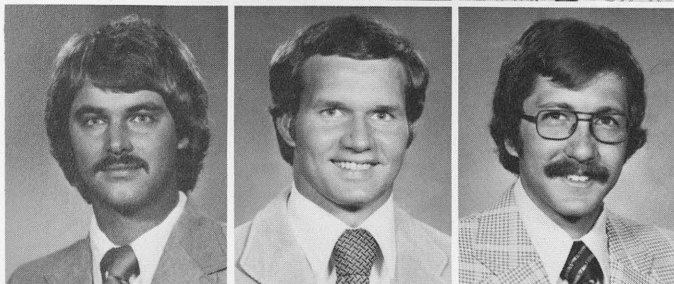
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Mary Knotts  
James Kursch  
Thomas Lampe



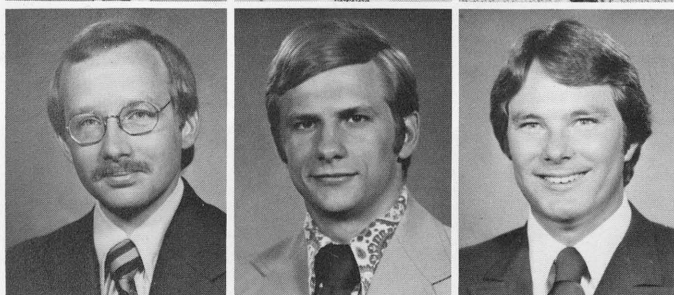




Ronald Landin  
Linda Lau  
James Laughlin



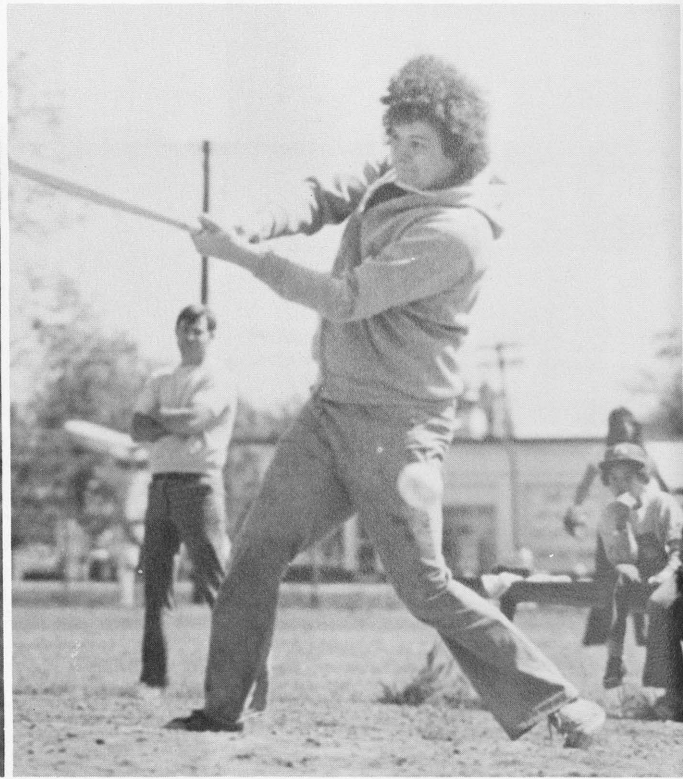
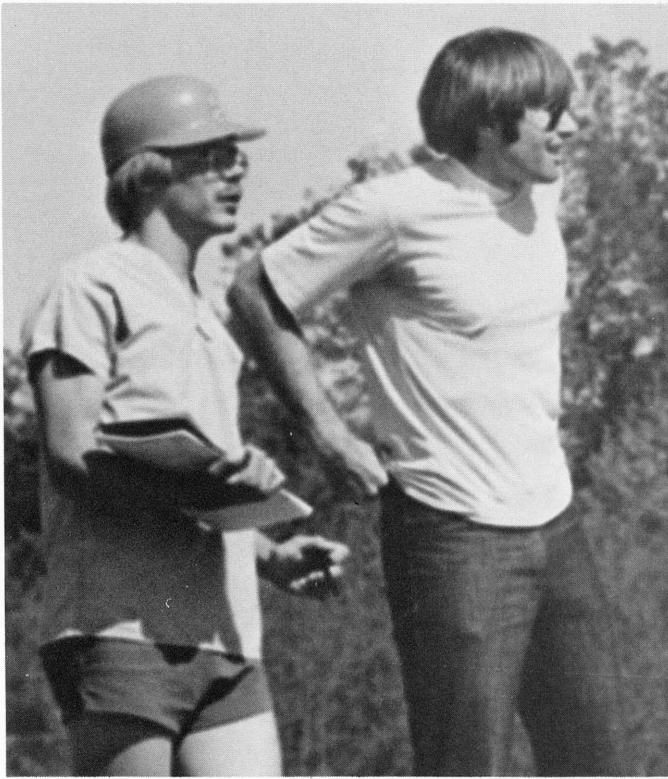
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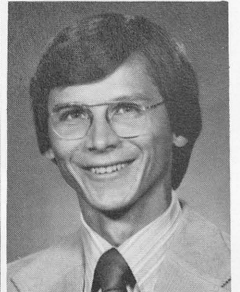
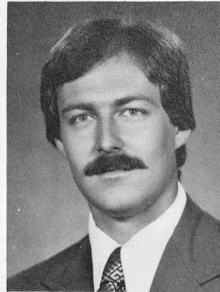
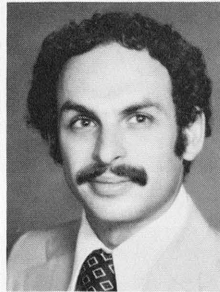
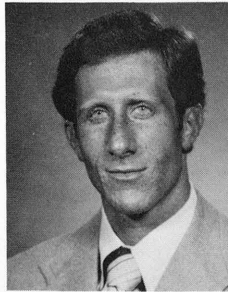
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Robert Lempke  
Larry Lett



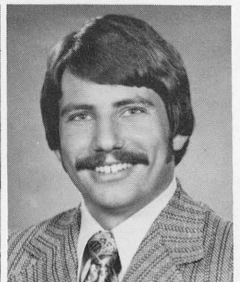
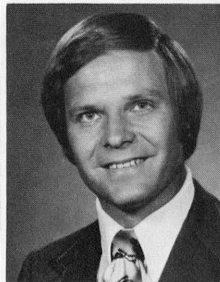
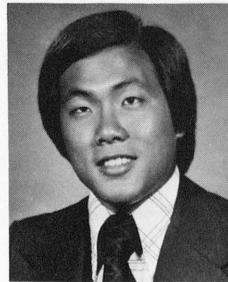




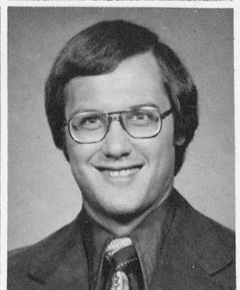
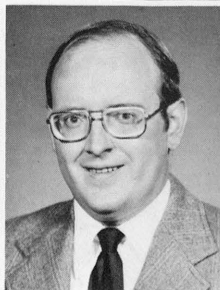
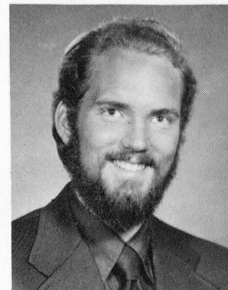
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Thomas Liffick  
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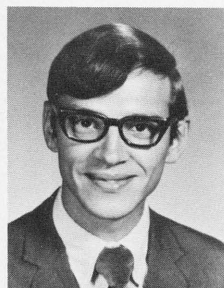
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Larry Lutz  
Diane Lynch  
Jon Maier



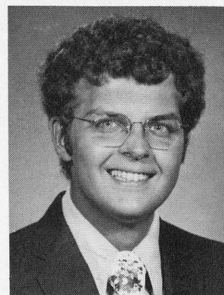
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Carma Marley  
Daniel Marsh  
Ryan Matherly



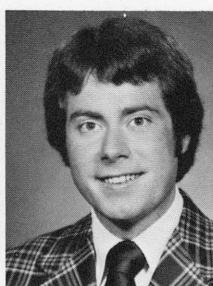
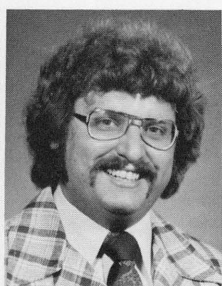
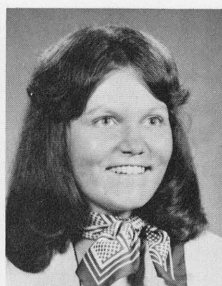
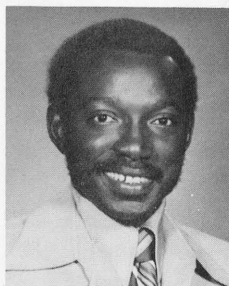




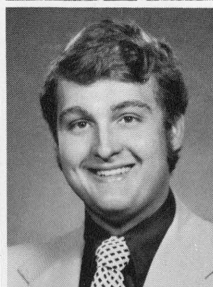
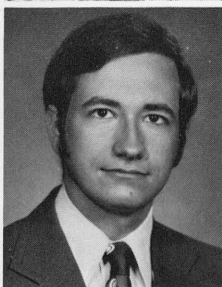
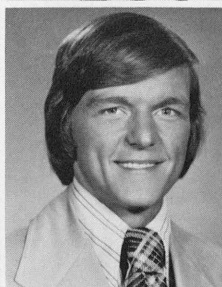
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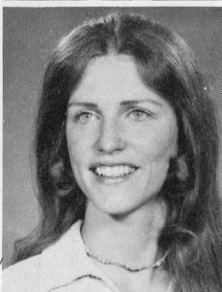
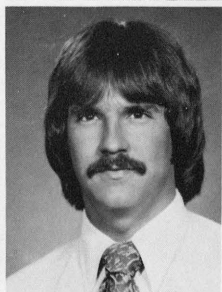
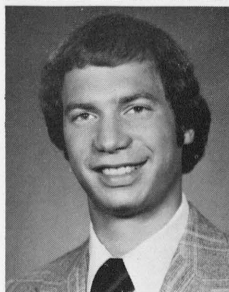
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Steven Mayes  
Mary McCarthy  
Timothy McClure  
Michael McCrea

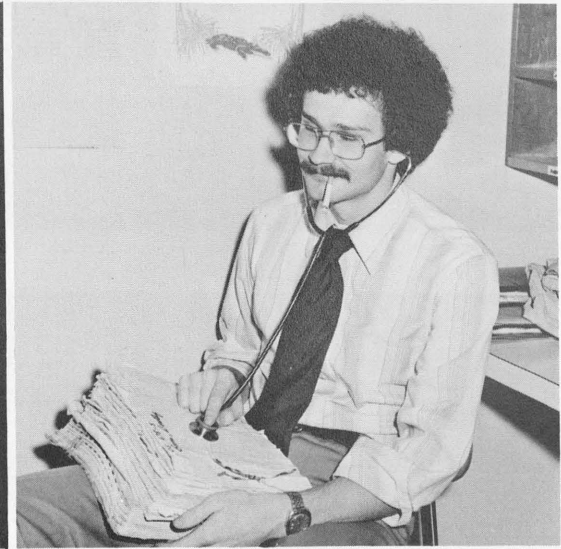
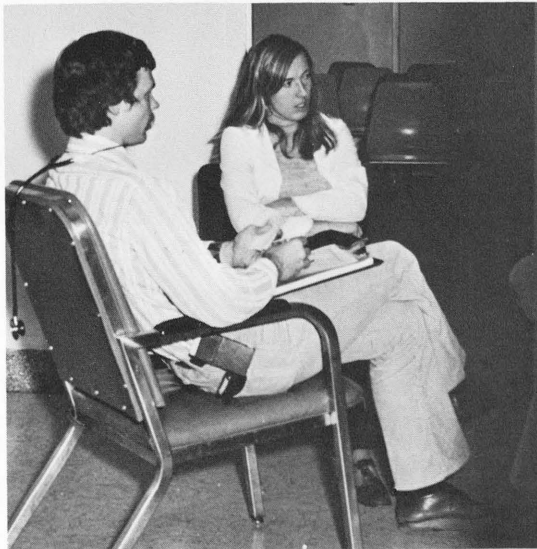
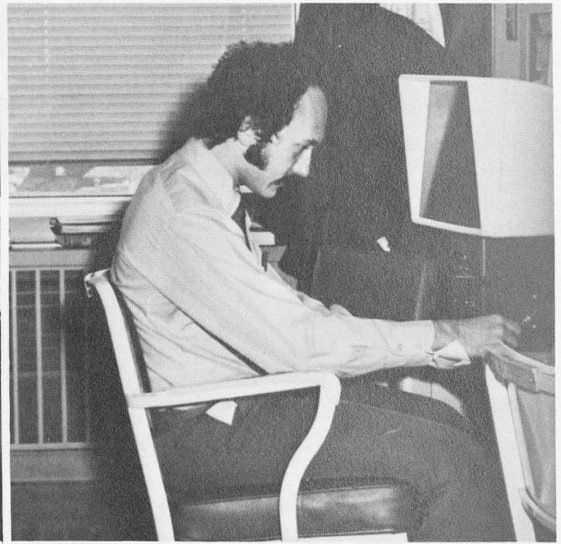
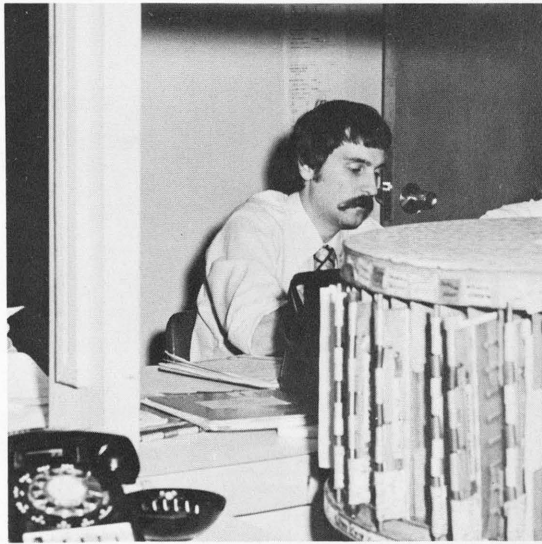


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Lee McKinley  
William McNiece  
Robert Meili

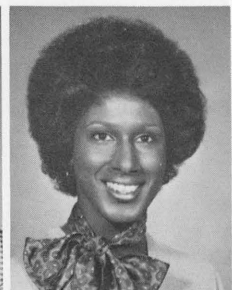
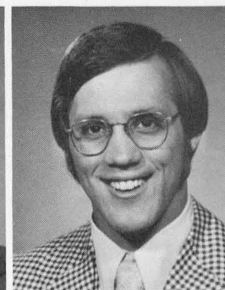
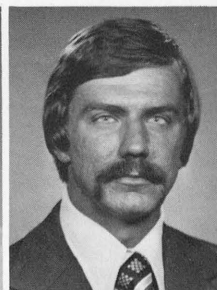
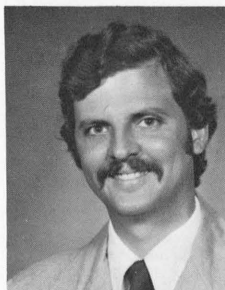


Edward Micon  
Duane Miller  
Etta Miller  
Thomas Miller

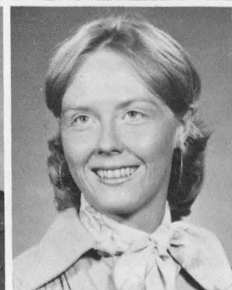
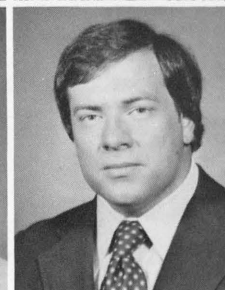
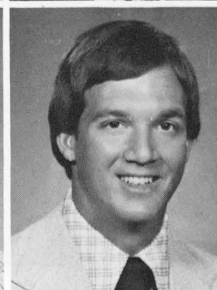
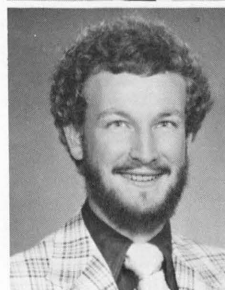




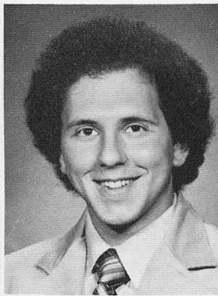
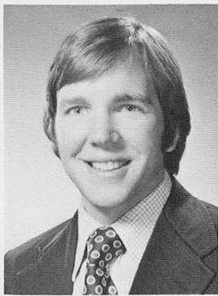
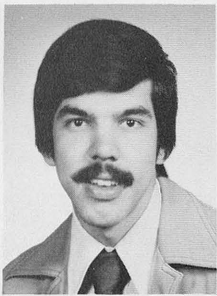
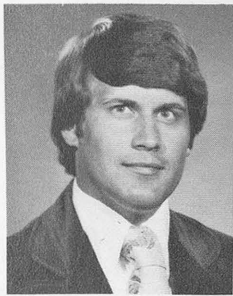
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John Mohrman  
Alicia Monroe



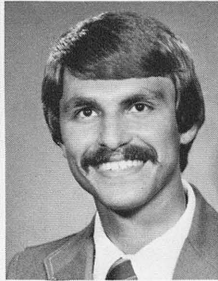
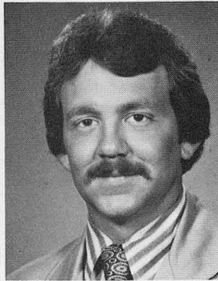
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Jeffrey Mossler  
John Myers  
Tammey Naab







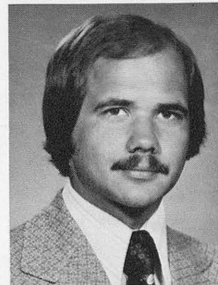
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Stephen Nitsch  
James Noland  
Trent Orfanos



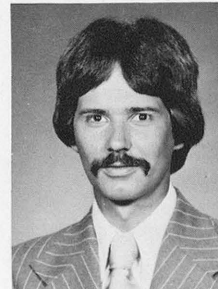
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Ingrida Ozols  
Edwin Page  
Richard Paustian



Michael Pauszek



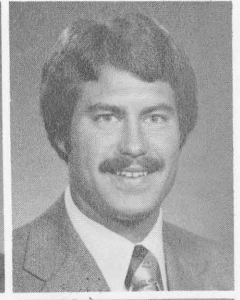
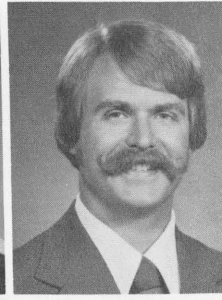
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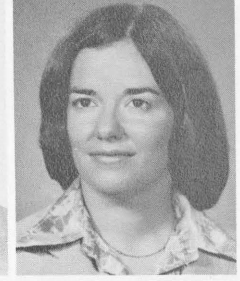
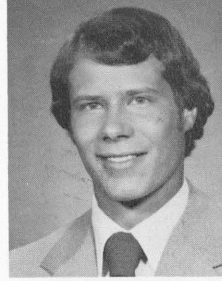
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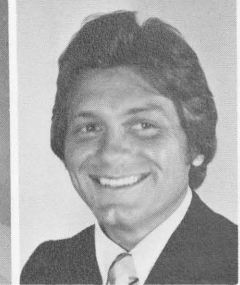
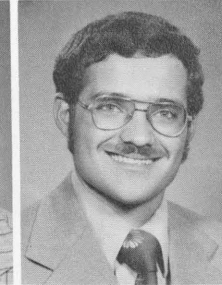
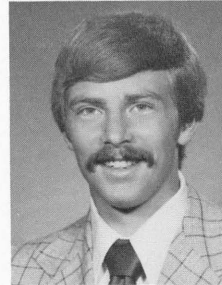
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Stephen Perkins



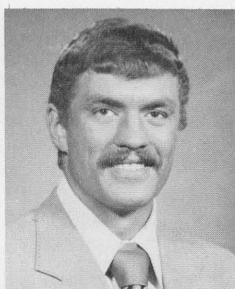
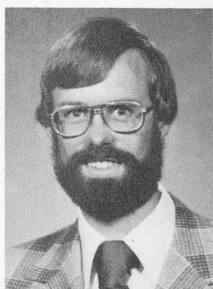
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Kathryn Pontius



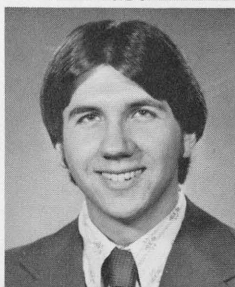
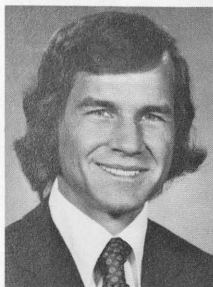
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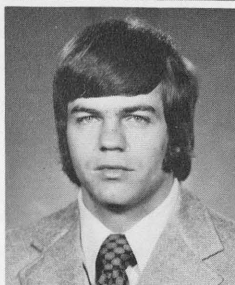
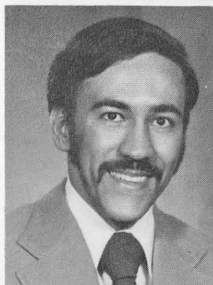




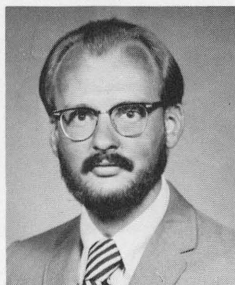
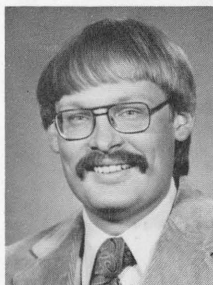
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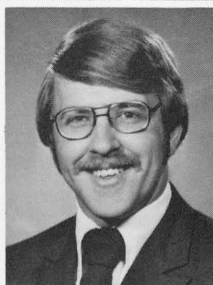
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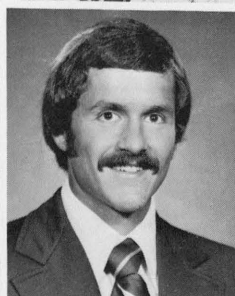
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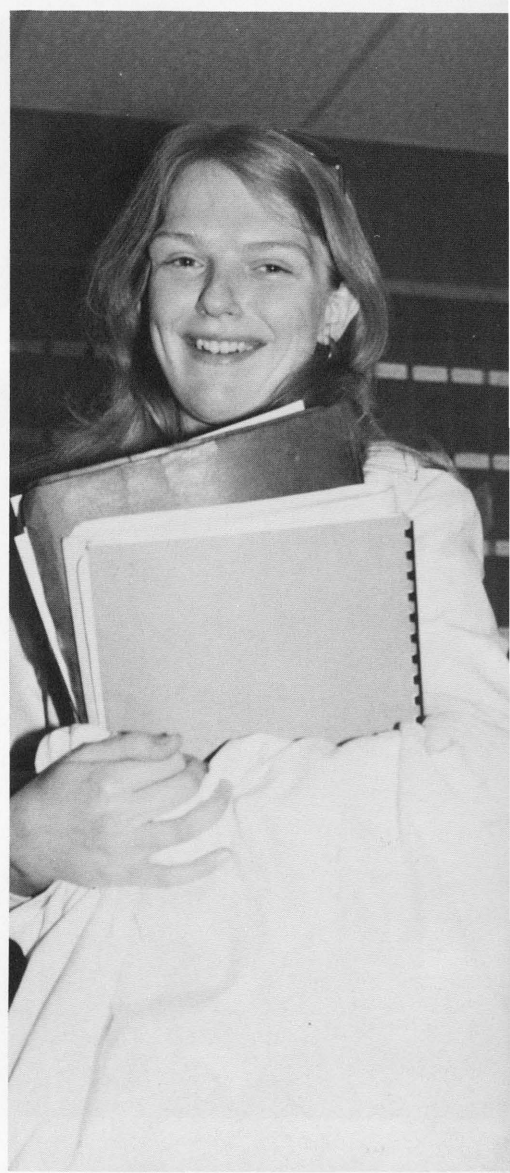
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Mark Riddle



Robert Roberts  
Donald Schauwecker

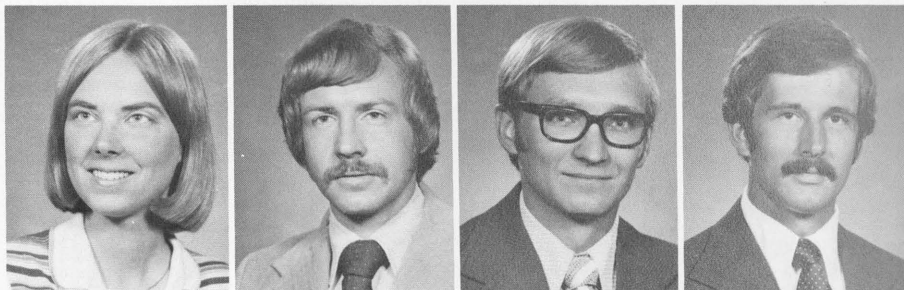


Dorothy Schirf  
Gregory Schlegel

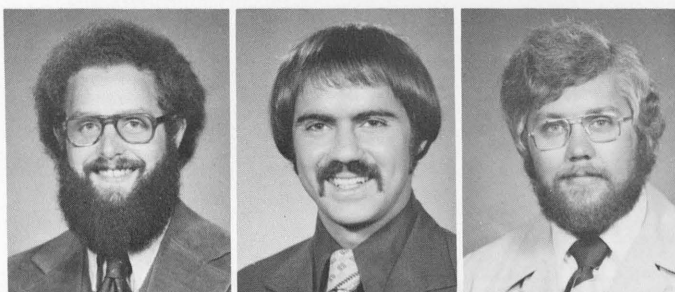




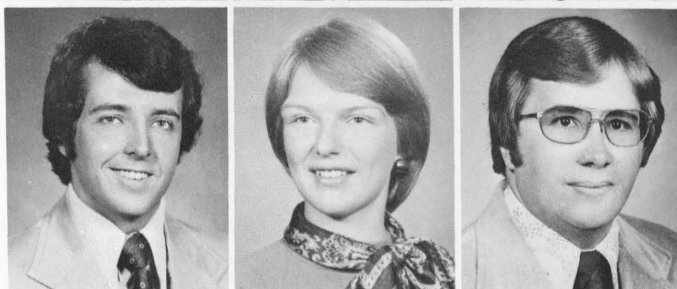
Sara Schmidt  
 Brian Schmitt  
 Eric Schulz  
 David Scruby



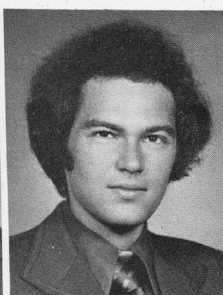
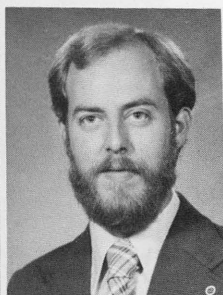
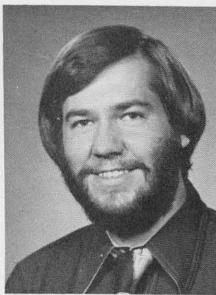
Philip Segal  
 Jeffrey Selby  
 Jerrold Selzer



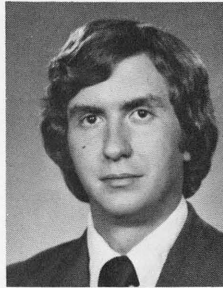
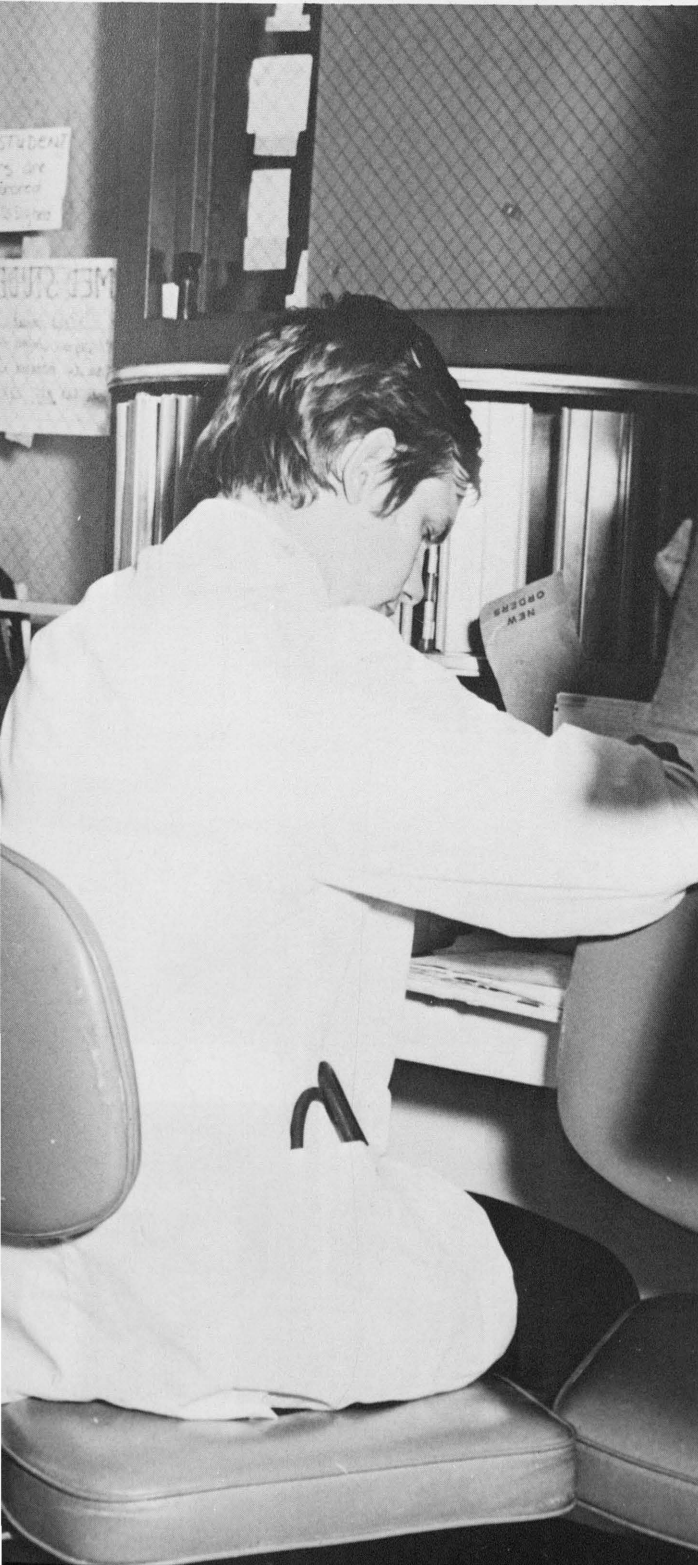
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 Hendrica Sisk  
 Robert Slabaugh



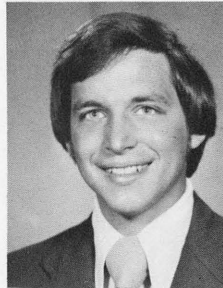




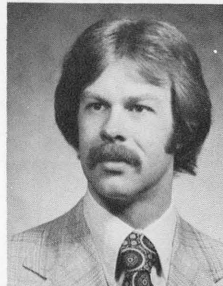
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Edward Smith  
Thomas Smith  
David Solotkin



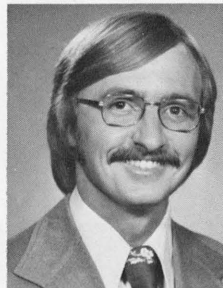
Peter Stecy



Richard Steele



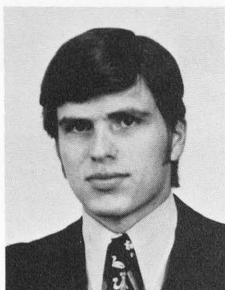
Floyd Stephens



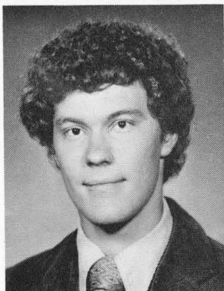
Dennis Stepro



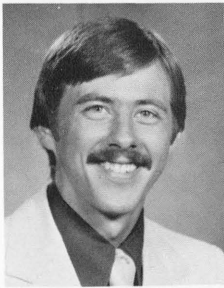
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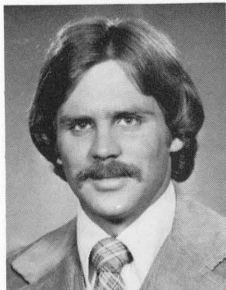
Forrest Stewart



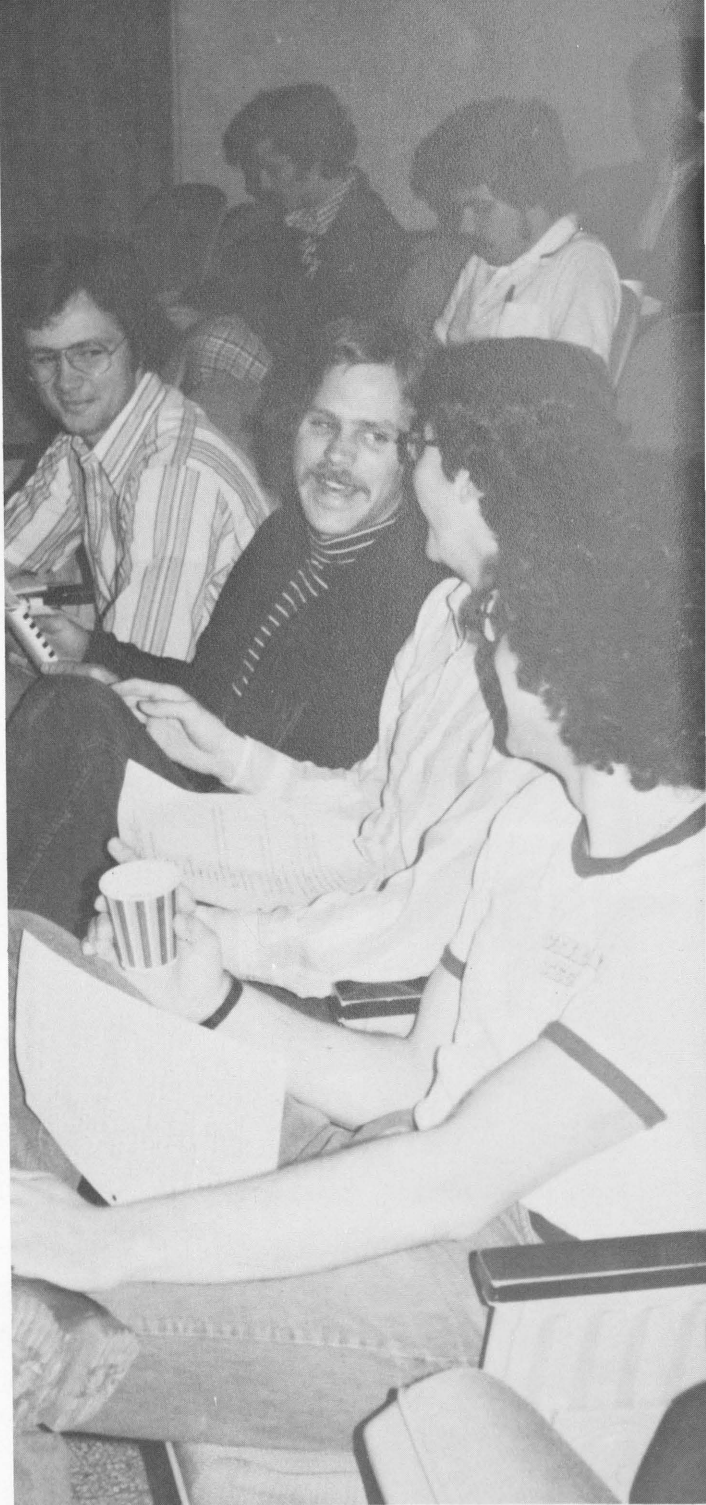
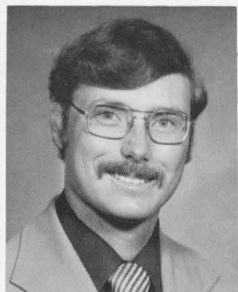
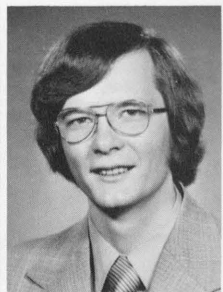
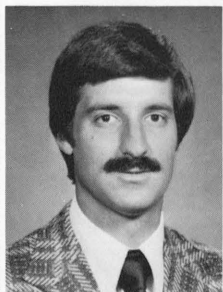
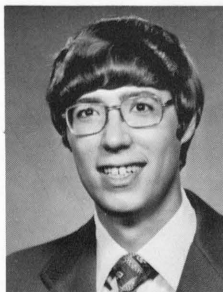
Phillip Stiver



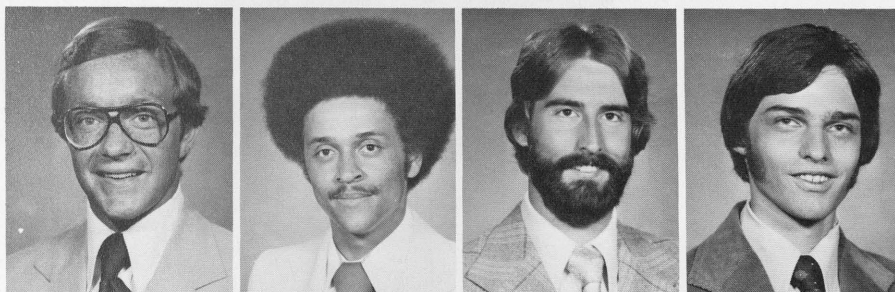
Bradford Stone



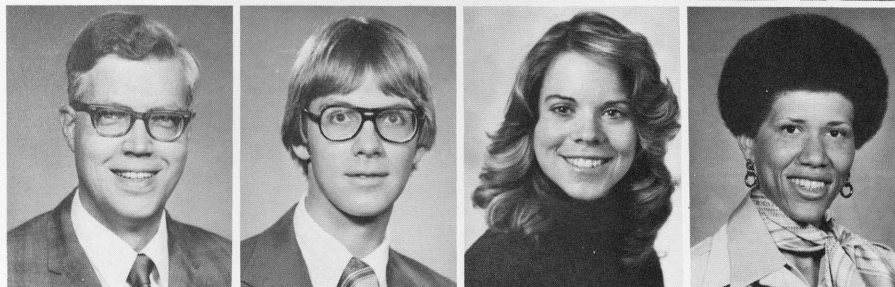
Gary Stouder  
David Stout  
Robert Suer  
Michael Sunderman



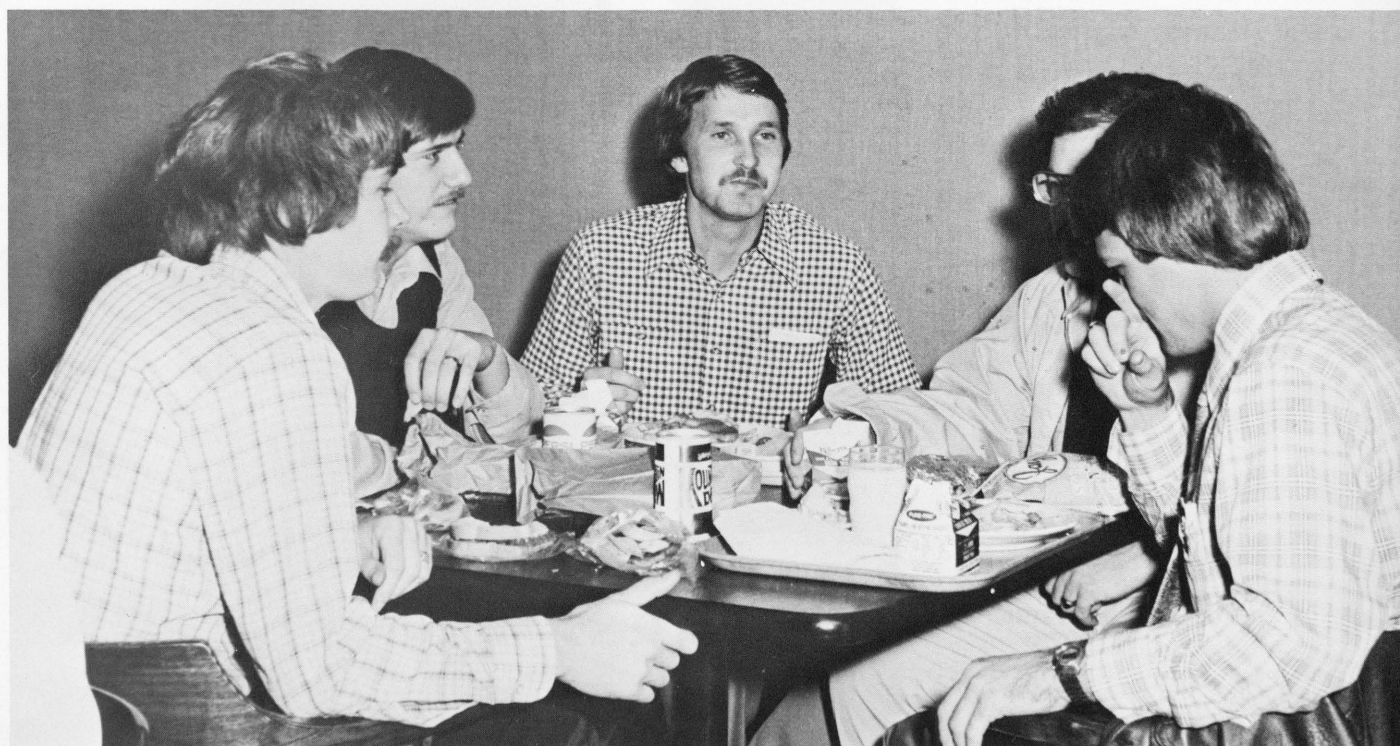




David Taber  
John Taylor  
Stephen Tharp  
Andrew Thieneman

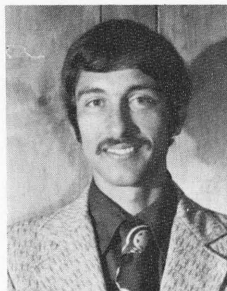


Clarence Thomas  
William Thompson  
Elizabeth Tindall  
Sylvia Upshaw

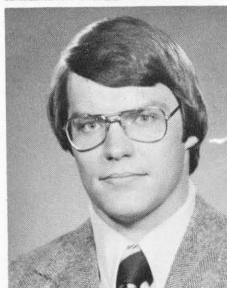


Burton Vanderbilt  
Roger VanOrsdoll  
Thomas Wade  
Dennis Wagner

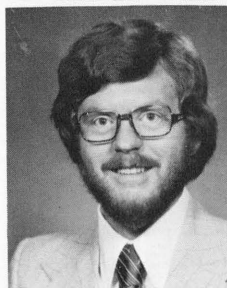
Gerald Warrener



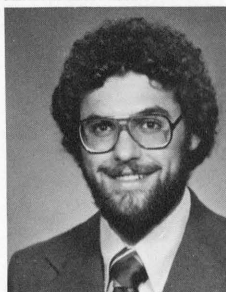
Stevan Webster



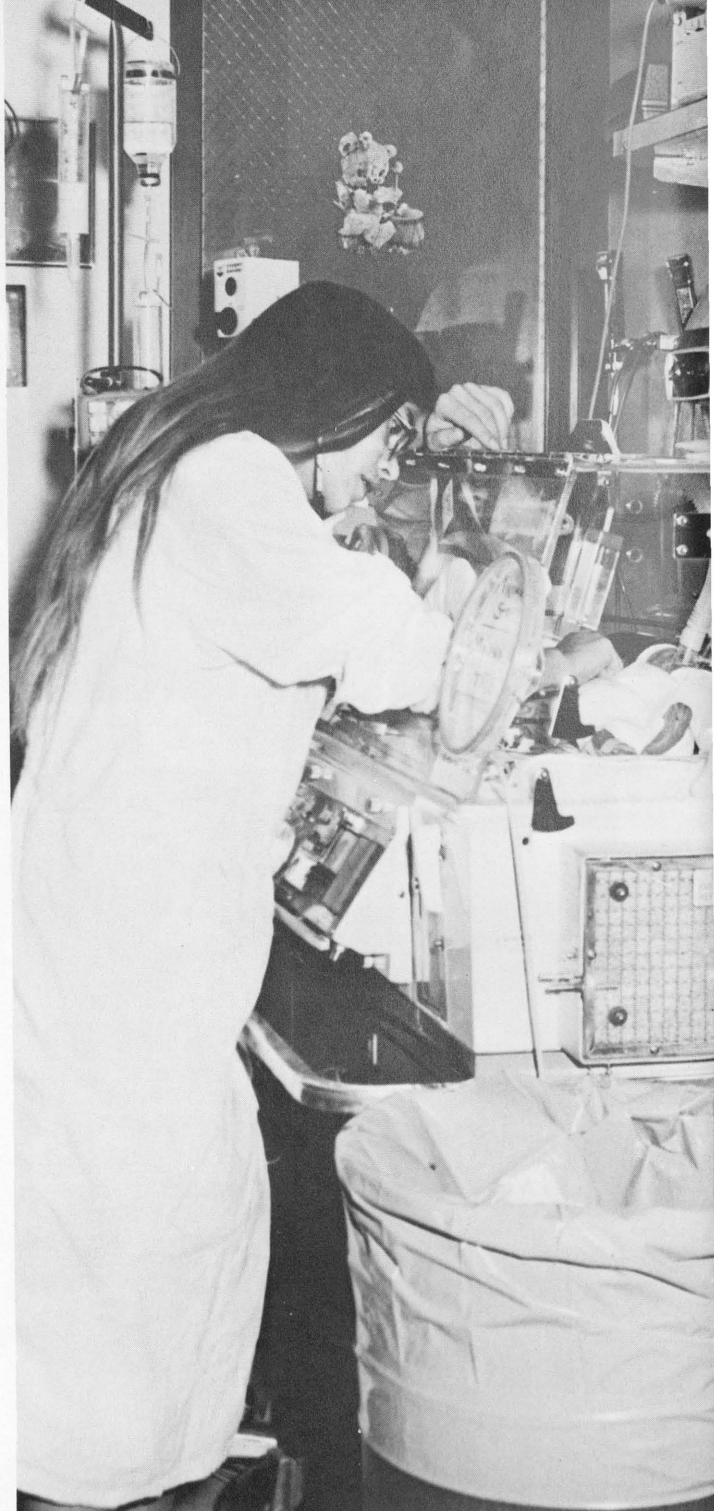
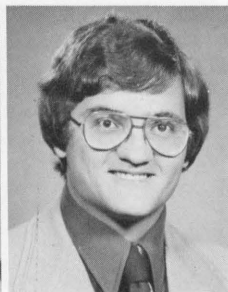
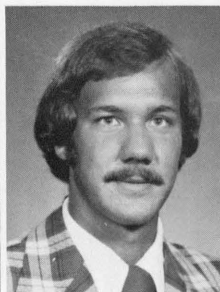
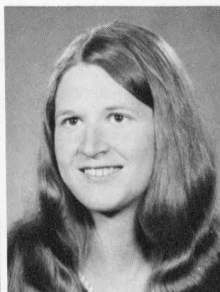
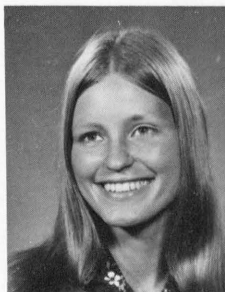
Bruce Weffenstette



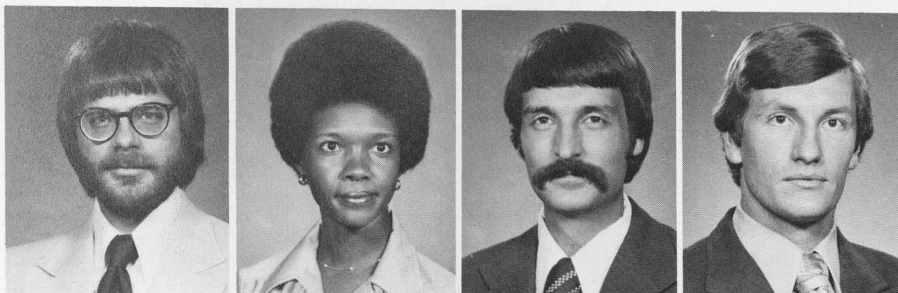
Robert Weinland



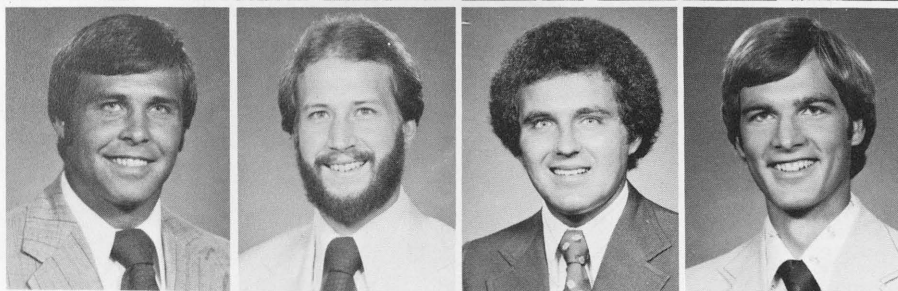
Nancy Wenning  
Karen West  
Daniel Whitehead  
Timothy Whiteman



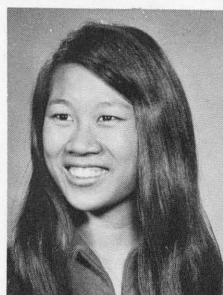




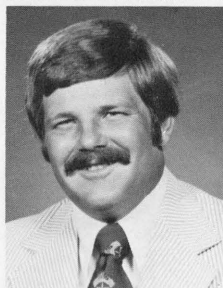
Mark Williams  
Mittneen Williams  
Douglas Wills  
Franklin Wilson



Donald Wright  
Gary Wright  
William Wunder  
Steven Wynder



Sophia Yeh



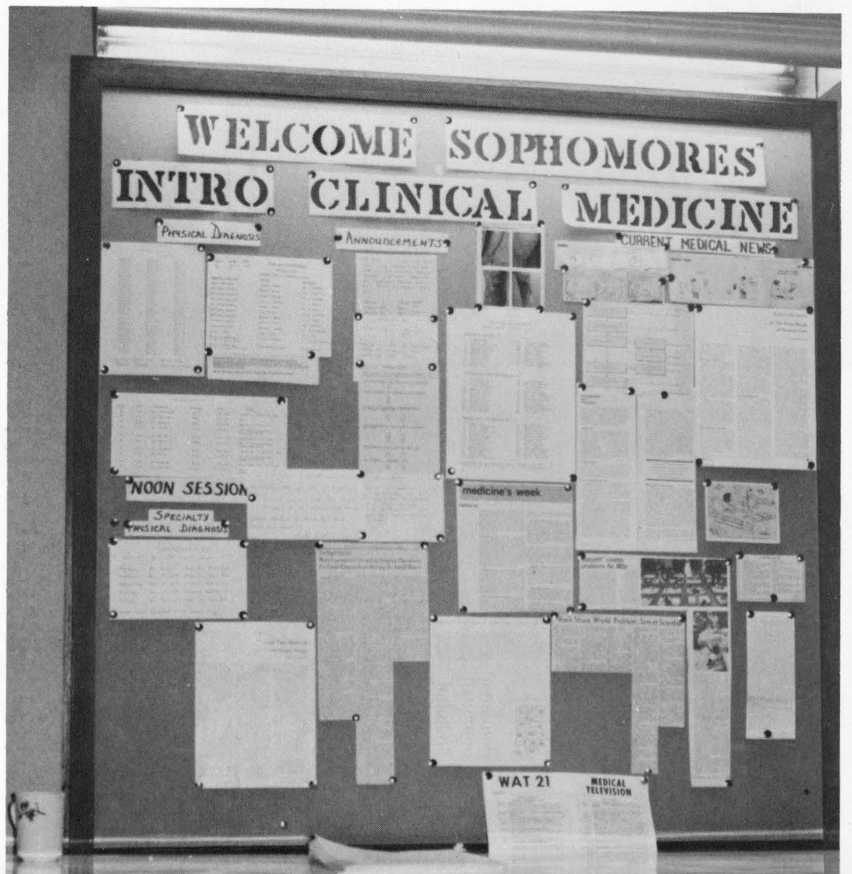
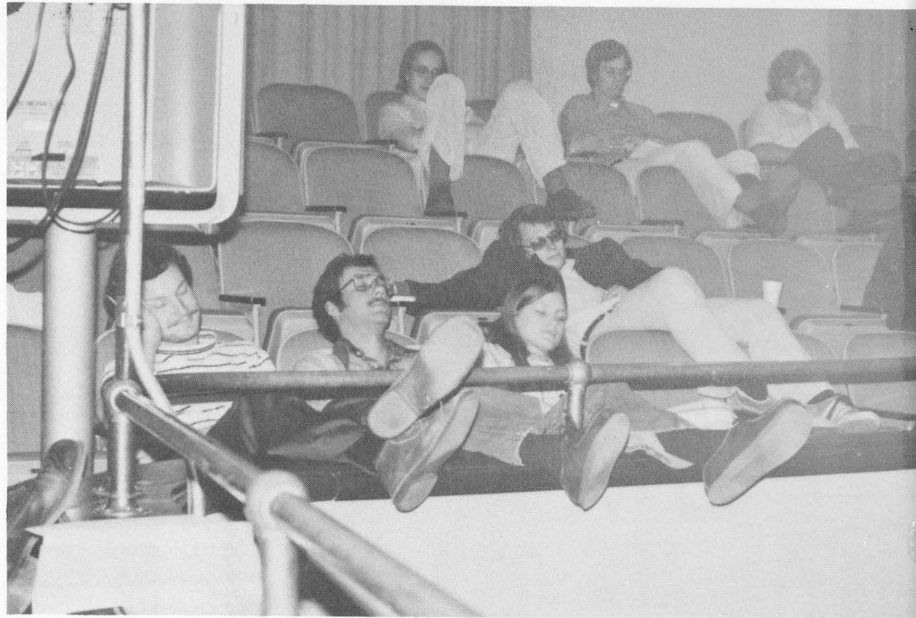
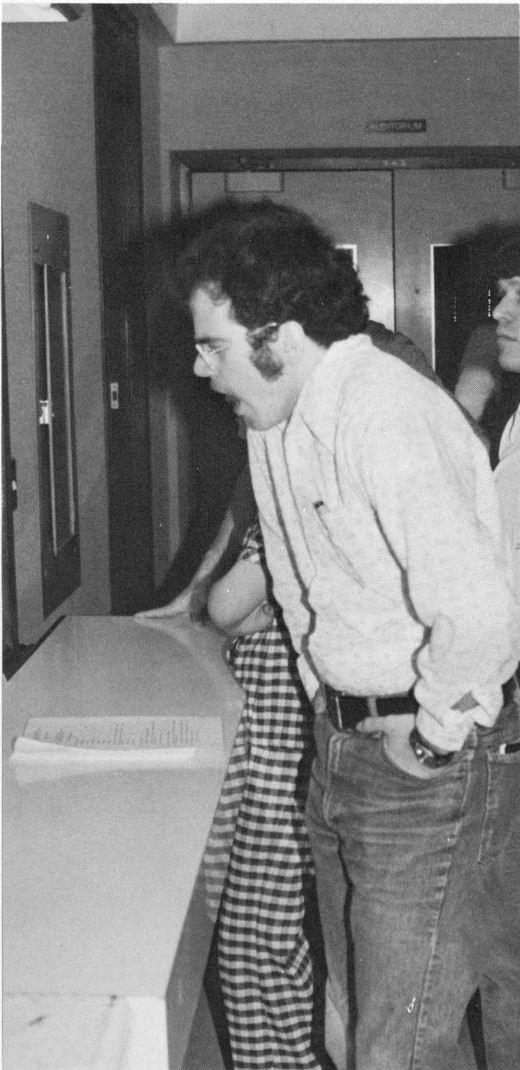
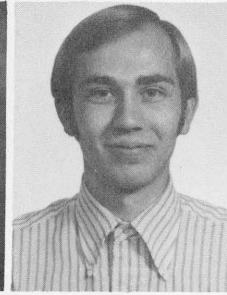
Steven Yoder



Lee Yosowitz

Derinda Radjeski

Richard Tanner  
Roxann Torrella







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Members of the Class of 1977 not pictured

George Acres  
 Steven Allen  
 Charles Austin  
 Martin Baker  
 Eric Bennett  
 Steven Betras  
 Paul Biggs  
 Bennie Blake  
 Richard Bowerman  
 Larry Bowling  
 Mary Carnell  
 William Carter  
 Johnny Chin  
 Michael Clarke  
 David Clinger  
 Daniel Conrad  
 Stephen Duncan  
 Michael Eads  
 John Eble  
 Craig Elliott

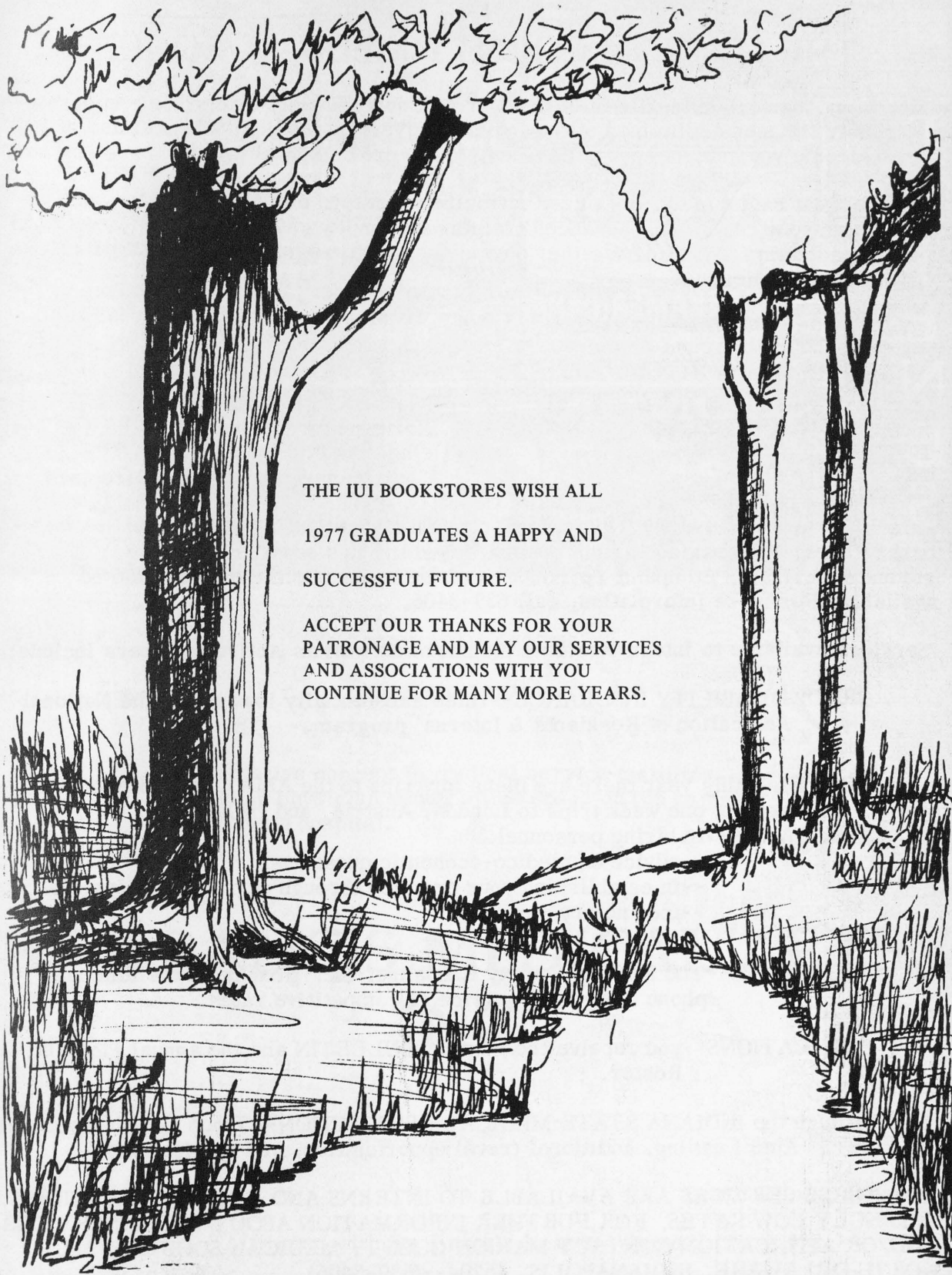
Robert Elliott  
 John Fairbairn  
 Amy Fremion  
 Robert Furbee  
 Stephen Garry  
 Thomas Hyde  
 Randall Jordan  
 James Jose  
 John Kohne  
 David Kovach  
 Thomas Kramer  
 Thomas Kulb  
 Robert Lindemann  
 Bruce Mallatt  
 Eric Mast  
 Karl McAleese  
 Michael McKay  
 Kent McKinney  
 Lynda Means  
 Greg Miller

Jerry Neff  
 Ben Park  
 Roy Pollom  
 Susan Putnam  
 Kenneth Ratajczak  
 Michael Reese  
 William Rutledge  
 Vicki Shelton  
 Michael Shirley  
 Richard Sidebottom  
 Peggy Snyder  
 Don Stallman  
 Ruth Streeter  
 Lawrence Tavel  
 Denise Thornberry  
 Marcus Tower  
 David Wodicka  
 Michael Yoder  
 Robert Yount

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Richard A. Brickley, M.D.

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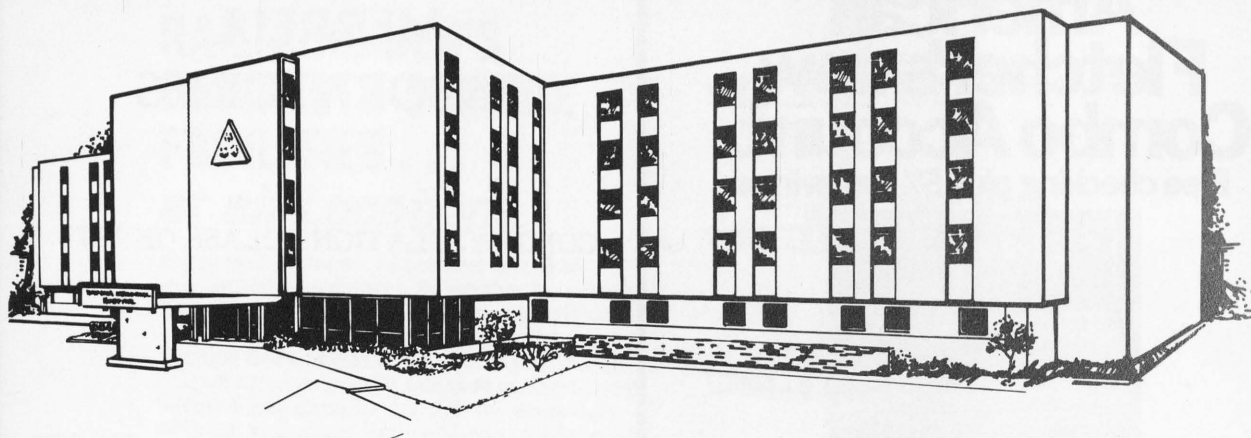
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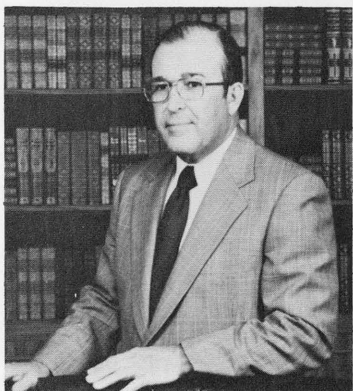


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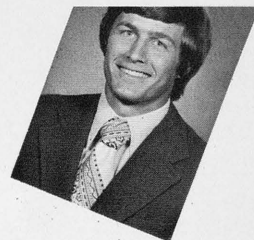
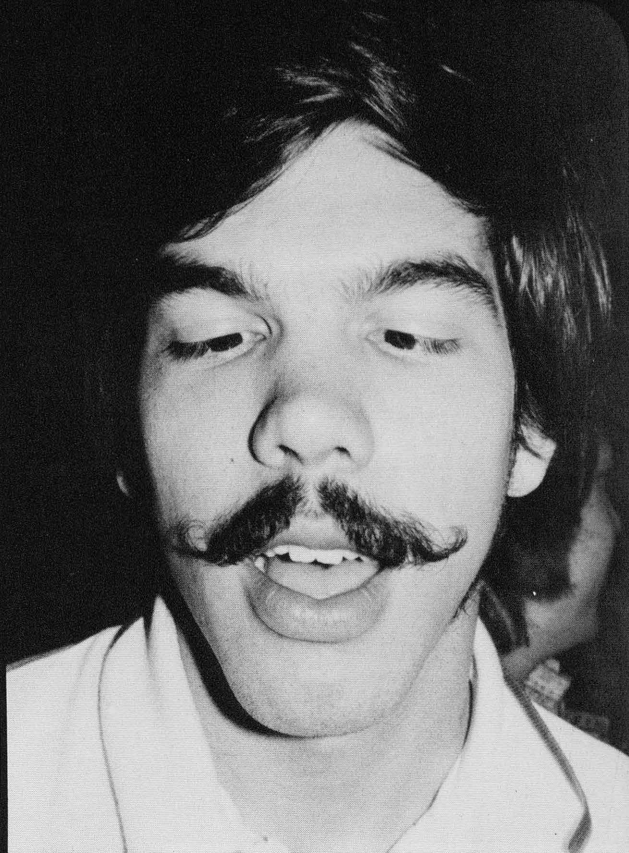
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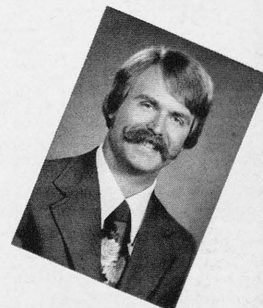


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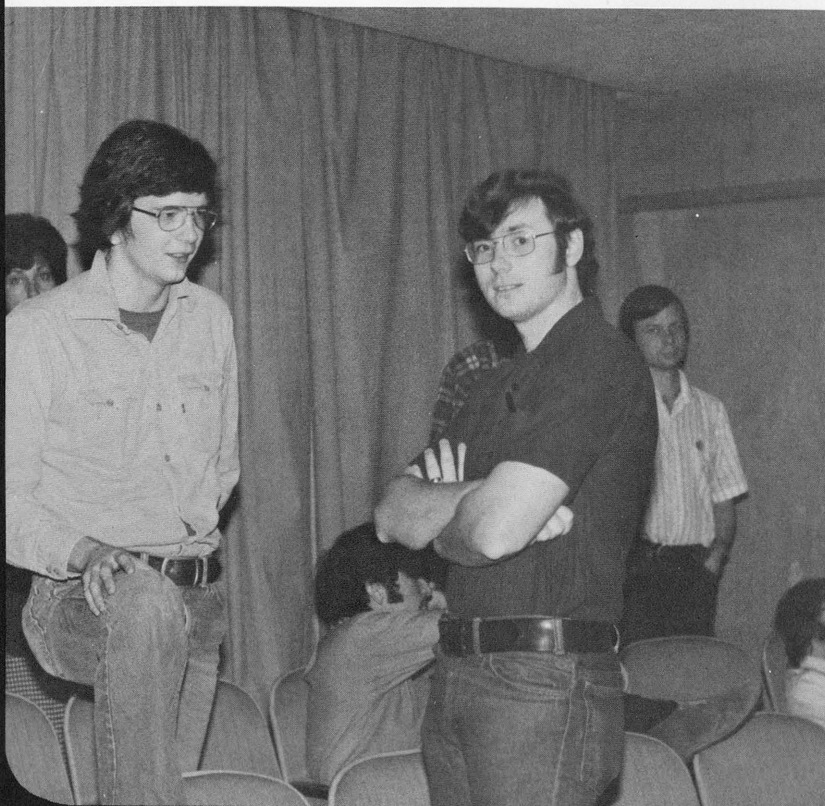
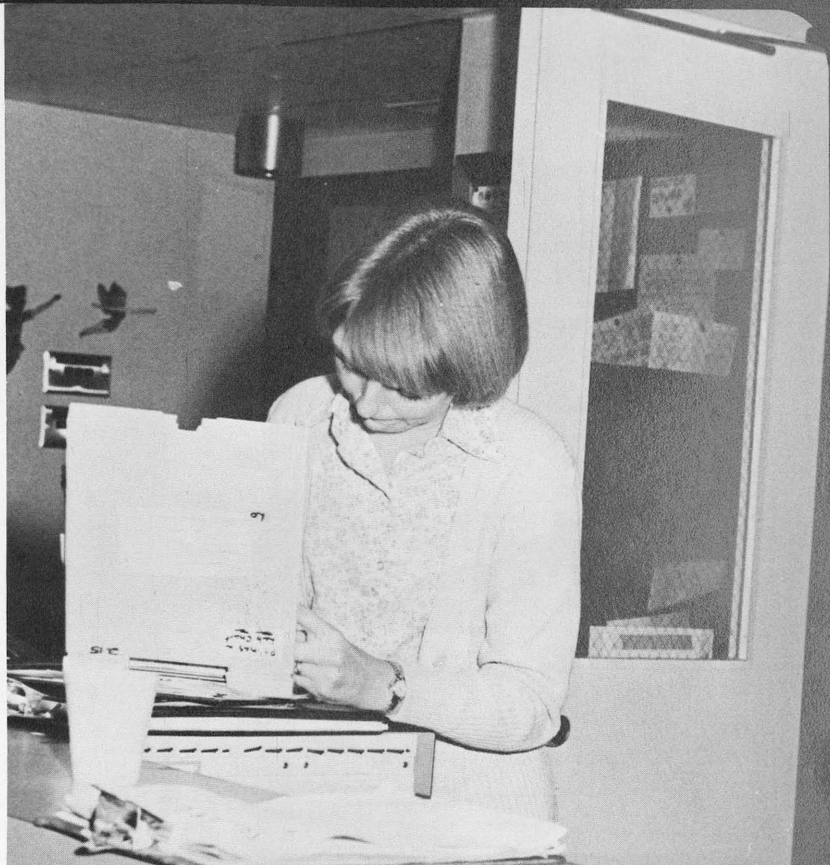


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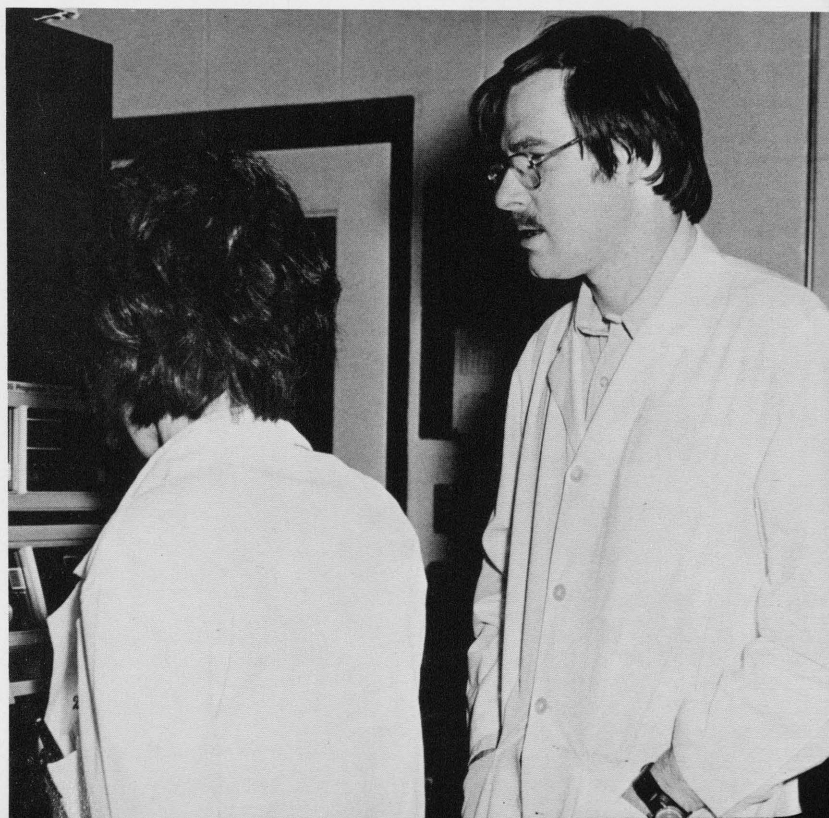
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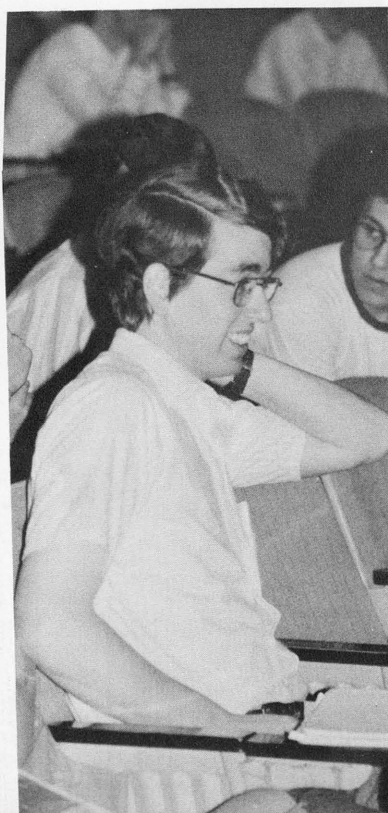


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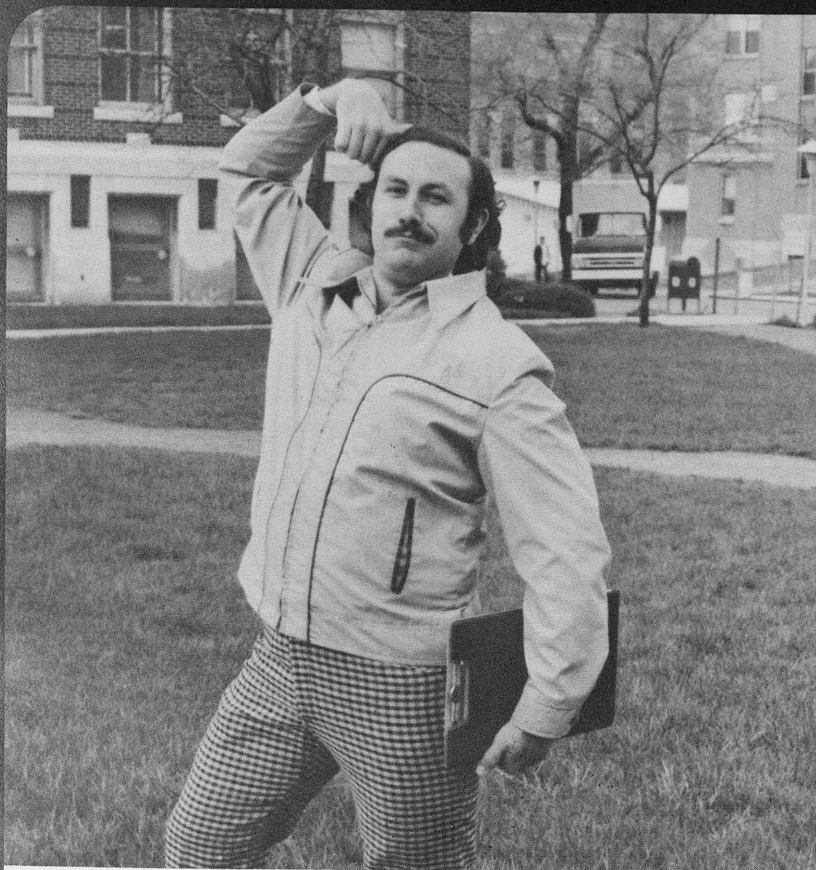


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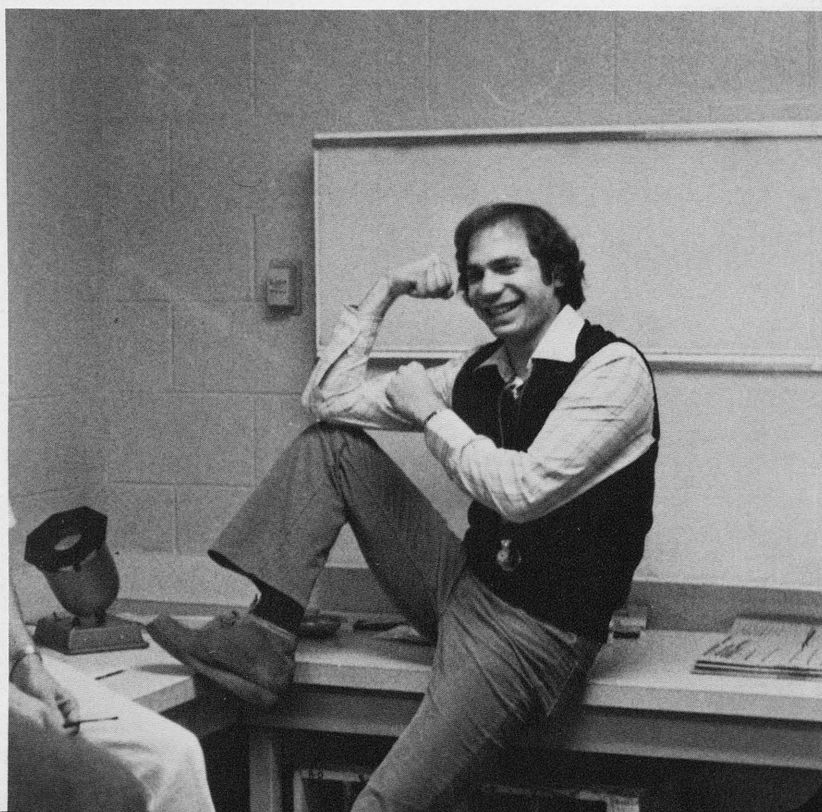
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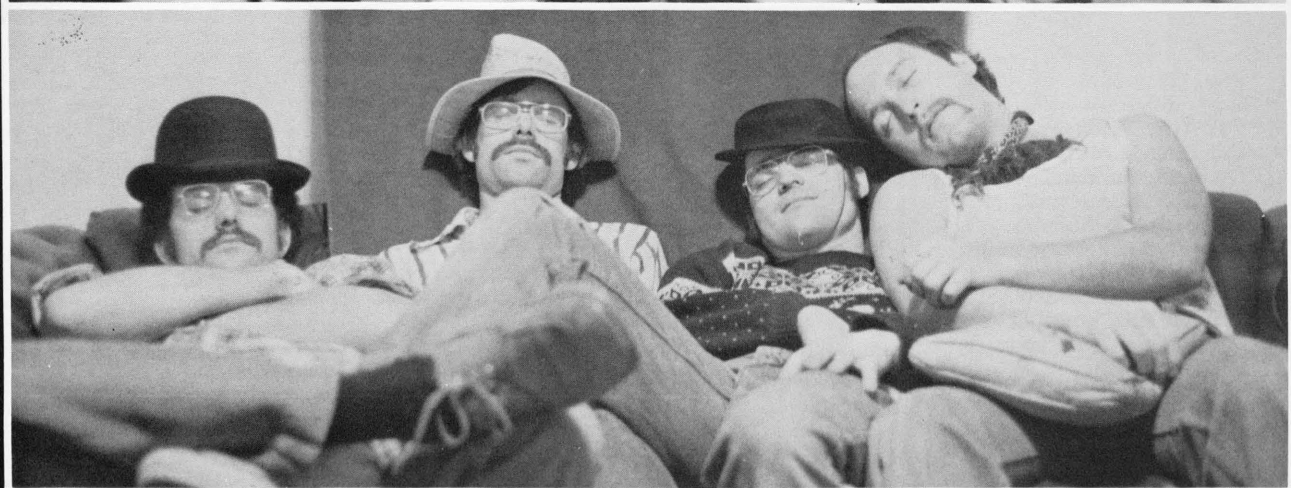
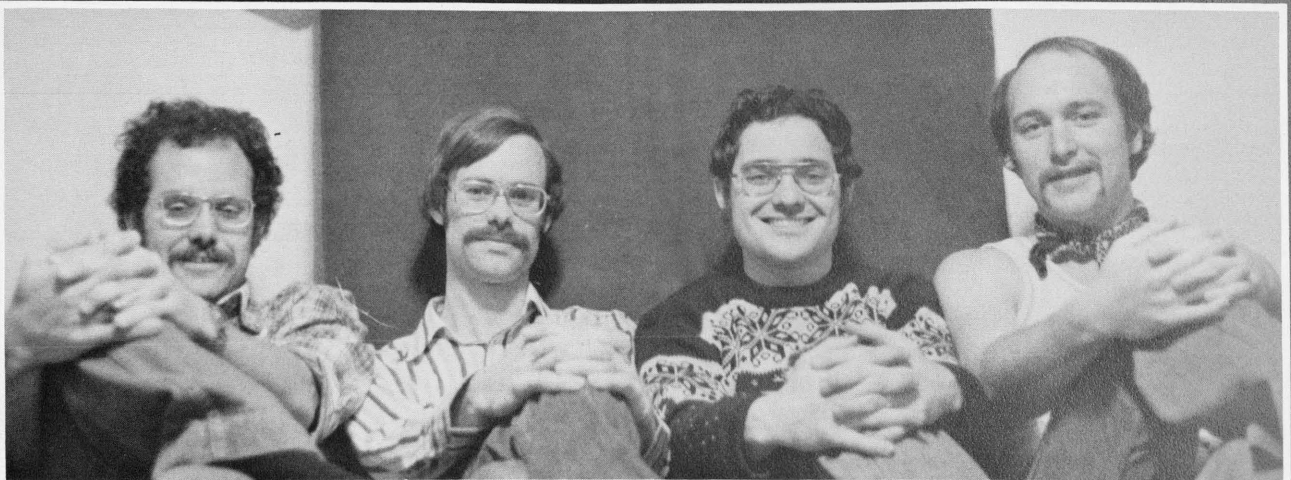


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